#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015658 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Medical Association Political Action Committee Date Received **ELECTRONICALLY FILED** 08/05/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 W. 15th St. Austin, TX 78701 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Clayton NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Stewart CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 401 W. 15th Street STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 401 W. 15th Street MAILING **ADDRESS** Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 370-1365 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 X August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2025 07/25/2025

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Medical Association Poli	itical Action Committee		0001569	58
ACTIVITY (Identify b	A. Supported by name or, if e, classify by party.)	Rep. James Talarico State Re	presentativ	ve
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
	A. Supported a supported a sures A. Supported a suppor	1		
	B. Opposed			
Assi (Identify b	ceholders isted by name or, if e, classify by party.)			
TOTALS PLE	TAL UNITEMIZED POLITICAL EDGES, LOANS, OR GUARAN NTRIBUTIONS MADE ELECTI ck here if this report qualifies for the	RONICALLY)	\$	10.00
	TAL POLITICAL CONTRIENTHER THAN PLEDGES, LOAN	BUTIONS S, OR GUARANTEES OF LOANS)	\$	70,528.46
EXPENDITURE 3. TOTALS	TAL UNITEMIZED POLITICAL	\$	0.00	
4. TO	TAL POLITICAL EXPENDI	TURES	\$	15,600.00
l l	TAL POLITICAL CONTRIBUTION THE REPORTING PERIOD	ONS MAINTAINED AS OF THE LAST	DAY \$	246,785.95
• • • • • • • • • • • • • • • • • • •	TAL PRINCIPAL AMOUNT OF ST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF T PERIOD	THE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Clayt	on Stewart	
		Signature of Car		
AFFIX NOTARY STAMP	/ SEAL ABOVE			
Sworn to and subscribed before n	ne, by the said	, th	nis the	day
of, 20	, to certify which, witness	s my hand and seal of office.		
Signature of officer administerion	ng oath Printed name	e of officer administering oath	Title of o	fficer administering oath

### MONTHLY FILING GPAC REPORT: PURPOSE

### FORM MPAC **ADDENDUM**

• • • • • • • • • • • • • • • • • • • •				40.5115	Page 3 of 19
2 COMMITTEE NAME	Delitical Action Con		J	13 Filer ID	(Ethics Commission Filers)
exas Medical Association				00015658	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Jolanda Jones U.S. House Representatives District 18	<b>;</b> of	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)	,		<u></u>	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. David Lowe State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Ramon Romero State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if				
	applicable, classify by party.)	)			

### MONTHLY FILING GPAC REPORT: PURPOSE

### FORM MPAC **ADDENDUM**

					Page 4 01 19
12 COMMITTEE NAME	5 III 14 II 6			13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	n Political Action Com	nmittee		00015658	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Molly Cook State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
0014447755	1				
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Rep. Jeff Barry State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Sen. Charles Schwertner State	Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if				

### MONTHLY FILING GPAC REPORT: PURPOSE

## FORM MPAC ADDENDUM

					Page 5 of 19
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	Political Action Com	ımittee		00015658	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Jose Menendez State Se	nator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY		A. Supported	Rep. Aicha Davis State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

					6 of 19
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics Commiss	sion Filers)
Te	xas Me	dical Association Political Action Committee	00015658	`	,
		E SUBTOTALS		T	
l		SCHEDULE		SUBTOTAL	AMOUNT
	IVIL OI .	SCHEDOLE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,101.39
				ļ	-,
2		SCHEDITIE 43: NON MONETARY (IN VINID) ROLLITICAL CONTRIBUTIONS			
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
		COLUED III E OA. MONETARY CONTRIBUTIONS FROM CORRORATION OR LARG	ND.		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	JK	\$	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
		LABOR ORGANIZATION		<u> </u>	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ΔΝΙΖΔΤΙΩΝΙ		
0.	Ш	SCHEDULE CS. MONETART SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	Х	ORGANIZATION		\$	61,427.07
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
	ш			Ψ	
10	ΙVΙ	COLIED HE EAT DOUBLEAU EVERNING HINCE FROM DOUBLEAU CONTRIBUTION	C		15 000 00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	3	\$	15,600.00
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
				<del> </del>	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				-	
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
	<u> </u>				
1 11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONC		
14.	Ш	SCHEDOLE I. NON-POLITICAL EXPENDITORES PROM POLITICAL CONTRIBUTION	JINS	\$	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED		
15.	Ш	TO FILER	TETOTALES	\$	
				<u> </u>	

	MONEI	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to comp	lete this for	n.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 7/19	
2	FILER NAME Texas Medic	al Association Political Action Committee	e		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date		ate PAC (ID#:	)	7	Amount of Contribution (\$)	
	07/17/2025	Bailey, Susan Rudd					\$250.00
		6 Contributor address; City; State; Zip Code					
		Benbrook, TX 76132-1066	ı				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date		ate PAC (ID#:	)		Amount of Contribution (\$)	
	07/17/2025	Bourgeois, Keith A.					\$250.00
		Contributor address; City; State; Zip Cod	e				
		Houston, TX 77005-3931					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Physician			Downtown Eye Associate	tes		
	Date	Full name of contributor  ut-of-sta	ate PAC (ID#:	)		Amount of Contribution (\$)	
	07/17/2025	Cardenas, Carlos Javier					\$208.34
		Contributor address; City; State; Zip Cod	e				
		McAllen, TX 78501-3735					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			South Texas Gastroente	erol	ogy	
	Date		ate PAC (ID#:	)		Amount of Contribution (\$)	
	07/17/2025	Chun, Christopher Sung Jin Contributor address; City; State; Zip Cod	e				\$208.34
		Dallas, TX 75244-7446					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			Epic Pain and Orthoped	ics		
	Date	Full name of contributor out-of-sta	ate PAC (ID#:	)		Amount of Contribution (\$)	
	07/08/2025	Cox, Christine A.					\$55.00
		Contributor address; City; State; Zip Code  Amarillo, TX 79119-4997					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> :)		
	Business Ov			Business Owner			

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.		tal pages Schedule A1: h: 2/9 Rpt: 8/19	
2	FILER NAME Texas Medic	al Association Political Action	Committee			er ID (Ethics Commission 015658	n Filers)
4	Date 07/24/2025	<ul><li>5 Full name of contributor Duesterheft, Ruth Marie</li><li>6 Contributor address; City; St</li></ul>		)	<b>7</b> Am	nount of Contribution (\$)	\$99.00
8		Mineral Wells, TX 76067-		Employer (See Instructions			
	Physician  Date 07/17/2025	Full name of contributor Gilmer, William S. Contributor address; City; St	out-of-state PAC (ID#:	Palo Pinto General Hos	·	nount of Contribution (\$)	\$212.50
	Principal occu Physician	Houston, TX 77005-2613 pation / Job title (See Instructions	(5)	Employer (See Instructions William S. Gilmer, MD, I			
	Date 07/11/2025	Full name of contributor Gledhill, Robert Bruce Contributor address; City; St	·		Am	nount of Contribution (\$)	\$99.00
		San Antonio, TX 78258-4		Employer (See Instructions	<u> </u> 6)		
	Physician  Date 07/15/2025	Full name of contributor Griffin, William C. Contributor address; City; St Sonora, TX 76950-7132	out-of-state PAC (ID#:	Self Employed	Am	nount of Contribution (\$)	\$33.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Lillian M Hudspeth Mem		lospital	
	Date 07/17/2025	Full name of contributor Henkes, David Norman Contributor address; City; St San Antonio, TX 78209-2	·		An	nount of Contribution (\$)	\$625.00
	Principal occu Physician	pation / Job title (See Instructions	(3)	Employer (See Instructions Pathology Reference La		ory, LLC	

	MONEI	ARY POLITICAL CONTRI	IBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this form	n.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 9/19	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date				-	Amount of Contribution (\$)	
4	07/17/2025	Holland, Bradford W.  6 Contributor address; City; State; Zip Code	te PAC (ID#:		ľ	Amount of Contribution (\$)	\$208.34
		Waco, TX 76712-7565					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>.                                    </u>		
	Physician	,		Self Employed	,		
	Date	Full name of contributor	te PAC (ID#:	)	Π	Amount of Contribution (\$)	
	07/15/2025	Hopper, Ken C.	te 1710 (15#	/		γ πισαιτι στ σσιταισαιστι (ψ)	\$16.67
		Contributor address; City; State; Zip Code					,
		Contributor address, City, State, 21p Code	,				
		Fort Worth, TX 76107-1907					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			The Hopper Group-Hop	pei	Health Strategies	
	Date	Full name of contributor out-of-state	te PAC (ID#:	)		Amount of Contribution (\$)	
	07/17/2025	Humphreys, James Loyd					\$208.34
		Contributor address; City; State; Zip Code	e		1		
		Helotes, TX 78023-4492					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Precision Pathology			
	Date	Full name of contributor out-of-state	te PAC (ID#:	)		Amount of Contribution (\$)	
	07/17/2025	Isaacson, Terah C.					\$208.34
		Contributor address; City; State; Zip Code	9				
		Houston, TX 77009-7753			<u> </u>		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Surgicalist of TX PLLC	_		
	Date	<del>-</del>	te PAC (ID#:	)		Amount of Contribution (\$)	
	07/11/2025	John F. Lucas III, MD PA					\$99.00
		Contributor address; City; State; Zip Code	9				
		Crohom TV 764E0					
	Dringing!	Graham, TX 76450	<u> </u>	Employer (Cook to the state of	<u>,                                     </u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRI	BUTION	S 	SCHEDULE	A1
	The Instru	ction Guide explains how to comple	ete this forn	n.	1 Total pages Schedule A1: Sch: 4/9 Rpt: 10/19	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3 Filer ID (Ethics Commission F 00015658	-ilers)
4	Date 07/17/2025	<ul> <li>Full name of contributor  out-of-state</li> <li>Kridel, Russell W. H.</li> <li>Contributor address; City; State; Zip Code</li> </ul>	e PAC (ID#:		7 Amount of Contribution (\$)	\$625.00
_		Houston, TX 77005-2204				
8	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Facial Plastic Surgery A		
	Date 07/17/2025	Full name of contributor out-of-state Lee, Chevy Chu Contributor address; City; State; Zip Code	e PAC (ID#:	)	Amount of Contribution (\$)	\$75.00
	Principal occu Physician	McAllen, TX 78501-1106  Ipation / Job title (See Instructions)		Employer (See Instructions Self Employed	)	
	Date 07/22/2025	Full name of contributor out-of-state Mangwiro, Audrey Natsai  Contributor address; City; State; Zip Code	te PAC (ID#:		Amount of Contribution (\$)	\$99.00
	Duit single good	Forney, TX 75126-4925		Turker (Cas Instructions		
	Physician Physician	ipation / Job title (See Instructions)		Employer (See Instructions Prism Health North Texa		
	Date 07/17/2025	Full name of contributor out-of-state Massingill, George Sealy Contributor address; City; State; Zip Code Fort Worth, TX 76109-2758	te PAC (ID#:	)	Amount of Contribution (\$)	\$750.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)	
	Date 07/17/2025	Full name of contributor out-of-state Masters, Patrick Allen Contributor address; City; State; Zip Code San Antonio, TX 78230-5856	e PAC (ID#:	)	Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Gastroenterology Consu	) ultants of San Antonio-Medica	

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 11/19	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 07/09/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID# McKay, Richard F.</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$300.00
8	Principal occu	Amarillo, TX 79102-2327 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Physician  Date 06/30/2025	Contributor address; City; State; Zip Code		Self Employed		Amount of Contribution (\$)	\$300.00
	Principal occu Physician	Austin, TX 78731-1243 pation / Job title (See Instructions)		Employer (See Instructions Eye Institute of Austin	<u> </u> s)		
	Date 07/17/2025	Full name of contributor out-of-state PAC (ID# Monday, Kimberly E.  Contributor address; City; State; Zip Code	t:		•	Amount of Contribution (\$)	\$208.34
		Houston, TX 77005-3318 pation / Job title (See Instructions)		Employer (See Instructions	′	n.,	
	Physician  Date  07/12/2025	Full name of contributor out-of-state PAC (ID# Morgan, Steven Braxton  Contributor address; City; State; Zip Code  Allen, TX 75013-4623		UTMSH - Dept of Neuro		Amount of Contribution (\$)	\$300.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Total Orthopedics Sport		& Spine	
	Date 07/22/2025	Full name of contributor out-of-state PAC (ID# Musleh, Saleh  Contributor address; City; State; Zip Code  Dallas, TX 75209-3810	t:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Prism Health North Tex			
			•				

	MONEI	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 12/19	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 07/17/2025  5 Full name of contributor out-of-state PAC (ID#:) Norrell, Stacy L.  6 Contributor address; City; State; Zip Code  Magnolia, TX 77355-1836			7	Amount of Contribution (\$)	\$83.34	
8	Principal occu Physician	Magnolia, TX 77355-1836 Dation / Job title (See Instructions)	9	Employer (See Instructions Noble Anesthesia Partne			
	Date 06/27/2025	Full name of contributor out-of-state Nowak, Paul C.  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	El Paso, TX 79912-7521 pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 07/12/2025	Full name of contributor out-of-state Noyes, Christopher Thayer  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Dringing! aggs	Plano, TX 75093-3152		Employer (Con Instructions	_		
	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Family Medicine	')		
	Date  O'Lavin, Blake Bernard  Contributor address; City; State; Zip Code  Corpus Christi, TX 78412-2674		PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u>(</u>		
	Date 07/21/2025	Full name of contributor out-of-state Parikh, Namrita  Contributor address; City; State; Zip Code  Victoria, TX 77904-1636	PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Administrativ	pation / Job title (See Instructions) e		Employer (See Instructions Victoria Heart and Vasc		r Center	

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 13/19	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 07/17/2025  Full name of contributor out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$208.34	
8	Principal occu Physician	Dallas, TX 75244-7703 pation / Job title (See Instructions	) [9	Employer (See Instructions Pediatric Cardiologists of		ıtx	
	Date 07/17/2025	Full name of contributor Poindexter, David P.  Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
	Principal occu Physician	Humble, TX 77347-0876 pation / Job title (See Instructions	)	Employer (See Instructions David P. Poindexter, MI			
	Date 07/03/2025	Full name of contributor Rodriguez, Roberta Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$55.00
	•	Harlingen, TX 78552-2553 pation / Job title (See Instructions		Employer (See Instructions	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID# 06/29/2025 Row, Alan Dockery  Contributor address; City; State; Zip Code  Lubbock, TX 79424-4839		out-of-state PAC (ID#:	Business Owner		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Self Employed	5)		
	Date 07/06/2025	Full name of contributor Seshadri, Sudha Contributor address; City; St San Antonio, TX 78257-1				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions UT Health San Antonio	s)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 14/19	
2	FILER NAME Texas Medic	FILER NAME Texas Medical Association Political Action Committee		3	3 Filer ID (Ethics Commission Filers) 00015658		
4	Date 07/09/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Singh, Anil Rabindranath</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$99.00
_	<u> </u>	Kerrville, TX 78028-6078	1-	5 1 (0 1 1 1	<u></u>		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Texas Oncology - Kerry			
	Date 07/15/2025	Full name of contributor out-of-state PAC (ID#:_ Tesfa, Ganana Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$16.50
	Principal occu	Irving, TX 75063-8413	_	Employer (See Instructions	:) 		
	Principal occupation / Job title (See Instructions)  Physician			Neurology Associates of			
	Date 07/17/2025	Full name of contributor out-of-state PAC (ID#:_ Torres, Elizabeth  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$75.00
		Sugar Land, TX 77479-2105					
			Employer (See Instructions Premier Internal Medicin	e Instructions) rnal Medicine Assoc PA			
	Date 07/14/2025	Full name of contributor out-of-state PAC (ID#:_ Van Burkleo, Julia Beville Contributor address; City; State; Zip Code Longview, TX 75605-8810				Amount of Contribution (\$)	\$99.00
	Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions Self Employed	5)			
	Date 07/18/2025	Full name of contributor out-of-state PAC (ID#:_ Victoria Womens Clinic, PA  Contributor address; City; State; Zip Code  Victoria, TX 77901-6053				Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			<u> </u>				

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 9/9 Rpt: 15/19	
2	FILER NAME Texas Medic	NAME Medical Association Political Action Committee		3	Filer ID (Ethics Commission Filers) 00015658	
4	Date 07/17/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Vijjeswarapu, Daniel V.</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$625.00
_		San Antonio, TX 78253-6283	I			
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions     CentroMed	)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Viroslav, Alice Barnes  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$300.00
	Dringing oggu	San Antonio, TX 78209-6136  pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Radsource	)		
	Date 07/19/2025				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Mainland Center Hospita			
	Date 07/17/2025	Full name of contributor out-of-state PAC (ID#:_ Williams, Paul Brian Contributor address; City; State; Zip Code Longview, TX 75605-7706			Amount of Contribution (\$)	\$25.00
			Employer (See Instructions Texas Urology Specialis		- Longview	

# NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 16/19 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 Date 5 Corporation / Labor Organization name 6 Amount (\$) 07/22/2025 **Texas Medical Association** 61,427.07

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Total pages Schedule F1: Sch: 1/3 Rpt: 17/19	2 FILER NAME Texas Medical Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015658
· .	
4 Date	5 Payee name
07/24/2025	Aicha Davis Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 71
Expenditure from	D-C-1- TV 75100
corporate funds	DeSoto, TX 75123
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Aicha Davis, STATE HOUSE 109th TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
06/30/2025	David Lowe for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	9017 Cedar Breaks Dr.
Expenditure from	
corporate funds	North Richland Hills, TX 76182
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	David Lowe, STATE HOUSE 91st TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/26/2025	James Talarico Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 5850
Expenditure from corporate funds	Round Rock, TX 78683
·	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes, Complete Schedule T
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	banes falanco, STATE HOOSE Soull TA
Operation Children	On didn't 10 ff a halden game Office a south
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to benefit 0/01	
<u> </u>	

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:				
Sch: 2/3 Rpt: 18/19	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
07/10/2025	Jeff Barry Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$600.00	4418 Broadway St.			
·	, and the second			
Expenditure from	Pearland, TX 77581			
corporate funds				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
	Candidate/Officeholder/Political Committee			
	John Burry, STATE HOUSE 25th TA			
• • • • • • • • • • • • • • • • • • • •				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/30/2025	Jolanda Jones For Congress			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	1707 Binz			
Expenditure from corporate funds	Houston, TX 77004			
·	1			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
	Jolanda Jones, U.S. House 18th TX			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Date	Payee name			
07/24/2025	Jose Menendez Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P.O. Box 761780			
Expenditure from corporate funds	San Antonio, TX 78245			
	1			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
	Jose Menendez, STATE SENATE 26th TX			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:				
Sch: 3/3 Rpt: 19/19	Texas Medical Association Political Action Committee 00015658			
4 Date	5 Payee name			
07/10/2025	Molly Cook for Texas Senate			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	PO Box 667238			
Expenditure from				
corporate funds	Houston, TX 77266			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Molly Cook, STATE SENATE ISLITIA			
• O I O O O O O O O O O O O O O O O O O				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
07/08/2025	Ramon Romero Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P.O. Box 181			
- Funanditura from				
Expenditure from corporate funds	Fort Worth, TX 76101			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Ramon Romero, STATE HOUSE 90th TX			
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
07/15/2025	Texans for Charles Schwertner			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	P.O. Box 2448			
Expenditure from corporate funds	Georgetown, TX 78627			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Charles Schwertner, STATE SENATE 5th TX			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				