

FORM MPAC
COVER SHEET PG 1

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Texas Medical Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00015658
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ray Callas State Representative
		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.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 131,704.79
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 280,408.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Clayton Stewart

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Texas Medical Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015658
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 55,956.53
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 52,173.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 23,575.26
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 25,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/78 Rpt: 4/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrantes, Anthony Clark <hr/> 6 Contributor address; City; State; Zip Code Denison, TX 75020-2665	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Anthony C. Abrantes, MD, FACOG, PA
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agullo, Francisco J. <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-6411	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southwest Plastic Surgery
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Ryan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Shane C. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252-6530	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Infectious Care
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alian, Ali <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220-3703	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/78 Rpt: 5/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Joseph C. <hr/> 6 Contributor address; City; State; Zip Code Seabrook, TX 77586-1649	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) CLS Health
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Lisa E. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-0130	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cosmetic & Plastic Surgery Center
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Eric James <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208-0109	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andring, Brice N. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-4241	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anene, Alvin Uchenna <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-2407	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/78 Rpt: 6/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne, Padma <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035-1000	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonacci, Mark A. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-3504	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appel, Noah B. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-3835	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronson, Stuart A. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-3227	Amount of Contribution (\$) \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashton, Daniel J. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126-6119	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/78 Rpt: 7/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Attaya, Hosam N. <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79407-2228	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) South Texas Radiology Group, P.A.
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aznavorian-Bentley, Gail Elizabeth <hr/> Contributor address; City; State; Zip Code Fairview, TX 75069-8788	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babbar, Harsh <hr/> Contributor address; City; State; Zip Code Austin, TX 78717-3947	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Acute Care Solutions
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bageac, Alexandru Cristian <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-3939	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Jason R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-7543	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Jason R. Bailey, MD, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/78 Rpt: 8/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balderas, Ruby <hr/> 6 Contributor address; City; State; Zip Code Los Fresnos, TX 78566-4317	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Bonnie J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3101	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Consultants in Plastic Sugery, P. A.
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Brett Eric <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503-1140	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texarkana Radiology Associates
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Patrick William <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036-6585	Amount of Contribution (\$) \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Justin Matthew <hr/> Contributor address; City; State; Zip Code Blossom, TX 75416-3537	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/78 Rpt: 9/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, James A. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209-3434	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Vision Quest
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard, Philip Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-6427	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Children's Health
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertini, John E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3948	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Lauren Elisabeth <hr/> Contributor address; City; State; Zip Code Addison, TX 75001-3484	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Internal Medicine Associates of Plano, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanch, Robert Marsden <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495-4461	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/78 Rpt: 10/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaydon, Cindy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-7386	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaydon, Sean M. <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-7386	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TOC Eye and Face
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodiwala, Ravi K. <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-1324	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boolchand, Jayant <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30022-8236	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Stephanie A. <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4923	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Rheumatology and Osteoporosis Associates, L

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/78 Rpt: 11/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Ethan Kenneth <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-2947	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren, Bryant C. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-1112	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosemani, Thangamadhan <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-1332	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Angela G. <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262-5915	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southlake Dermatology
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Rodney Russell <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-6024	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/78 Rpt: 12/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Richard N. <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584-7057	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Division of Emergency Management
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branch, John William <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-7861	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Vision
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brannen, Adelia B. <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-5602	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressler, Robert K. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-4336	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ethan T. <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-5163	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) ER Katy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/78 Rpt: 13/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Douglas J. <hr/> 6 Contributor address; City; State; Zip Code Kerrville, TX 78028-8007	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Franklin Clinic, L.P.
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckingham, Edward D. <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734-3463	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Buckingham Center for Facial Plastic Surgery
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bui, Marie T. <hr/> Contributor address; City; State; Zip Code Austin, TX 78717-4205	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Truvision Eye Center
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bundy, Scott Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-3246	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunting, Haley Anne <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-1625	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Plastic & Reconstructive Surgery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/78 Rpt: 14/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Ray Scott <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-4726	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byington, Meredith A. <hr/> Contributor address; City; State; Zip Code Kaufman, TX 75142-6854	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Jason Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4620	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, Brandon Robert <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-4835	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Maria Teresa <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552-6235	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/78 Rpt: 15/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78501-3735	7 Amount of Contribution (\$) \$208.26
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) South Texas Gastroenterology
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casanova, Mark A. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1826	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Health
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casolo, Bradley James <hr/> Contributor address; City; State; Zip Code Miami, FL 33137-0297	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalk, James Edward <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005-1232	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Christina Snow <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3544	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/78 Rpt: 16/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Adam W. <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-3750	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Victoria C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2007	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Turnquest Surgical Solutions
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappell, Timothy Rae <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-4999	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Collin County Pulmonary Associates, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudry, Shoeb Rafiq <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Lee W. <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022-4949	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Ying <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248-1203	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhaya, Samir Amit Ushakant <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287-7524	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilcoat, Jill C. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4428	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilcoat, R. Gray <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4428	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuang, Alex Tzu-Yueh <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-3106	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuang, Wendy T. <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092-1330	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chun, Christopher Sung Jin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7446	Amount of Contribution (\$) \$208.26
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Epic Pain and Orthopedics
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Chelsea I. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257-8207	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CIClinton Rheumatology
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockerell, Clay Jefferies <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-5543	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cockerell Dermatopathology
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Donald R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-6932	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Institute for Reconstructive Sur

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Janet Ann 6 Contributor address; City; State; Zip Code Dallas, TX 75214-1912	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comay, Matthew A. Contributor address; City; State; Zip Code Grapevine, TX 76051-3110	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conrad, Jason Albert Contributor address; City; State; Zip Code Midlothian, TX 76065-5651	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coughlan, Ryan Matthews Contributor address; City; State; Zip Code Georgetown, TX 78633-4453	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandall, Benjamin Merrick Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowhurst, Brian R. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225-4528	7 Amount of Contribution (\$) \$74.25
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crum, Charles D. <hr/> Contributor address; City; State; Zip Code Whitehouse, TX 75791-8315	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Larry Lyonal <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655-3677	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Waco Center for Oral and Maxillofacial S
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cushman, Walter Harry <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-0722	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danford, Brandon Curtis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-5837	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Associated Dermatologists, PA

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4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave, Amish M. <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-2728	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of Wichita Falls, P.A.
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, James K. <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-1367	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeQuesada, Ivan Manuel <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30317-2312	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Neal Ashok <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewar, Robert T. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-6817	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White MedProvider

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolle, Donna S. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77058-4006	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Clear Lake Internal Medicine
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donepudi, Jyotsna <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-5522	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Downing, Christopher P. <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-7105	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Dermatology Specialists
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Du, Tuan Q. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dumas, Carlos A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-5059	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Physicians Family & Community Medicine

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4 Date 09/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Carly R. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025-3816	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Elite Dermatology & The Oaks Plastic Surgery
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durso, Barbara Louise <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-5336	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Parkland Health
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyke, Allen S. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Scott F. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-5807	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eickenhorst, Daniel R. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-3411	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Stephanie Hurn <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75062-4507	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) StarCare Family & Preventive Medicine, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriquez, Jose Luis <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-9566	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Euwer, Rebecca Lee <hr/> Contributor address; City; State; Zip Code Farmers Branch, TX 75234-3777	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatology Consultants
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, John P. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126-1906	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Lauren Deann <hr/> Contributor address; City; State; Zip Code Westlake, TX 76262-7417	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Nanette V. <hr/> 6 Contributor address; City; State; Zip Code Stephenville, TX 76401-5200	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Nanette V. Evans, M.D., P.A.
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faust, Harry L. <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-6419	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Harry Faust
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fay, Kari H. <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-0007	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feng, Sing-Yi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-6871	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTSW/Children's Health
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Field, James Alexander <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77381-6644	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Surgical Group of the Woodlands

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fierke, Shelby R. <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-3823	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiesta, Matthew P. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-1726	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fite, Jordan Kent <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-7573	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley, Elizabeth Levacy <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-6028	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sanova Dermatology - Bee Cave
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freedman, Lyle <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028-1337	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Froberg, P. Kevin <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034-8800	7 Amount of Contribution (\$) \$74.25
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuhrmann, Cletus John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-2547	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Gregory M. <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182-1540	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Hills Family Practice, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaalla, Ajay Kumar <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904-1678	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galante, Nicholas Joseph <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandhi, Nita S. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062-2346	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Silverlake Pediatric Clinic
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garretson, Melissa J. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126-1909	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cook Children's Physicians Network
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Genzel, Robert Bruce <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179-4025	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geppert, Stephen Jeffrey <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstle, Ronald J. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-3757	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/78 Rpt: 29/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Brian P. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-1658	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glombicki, Alan P. <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-4228	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) 1960 Physician Associates
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Jaime S. <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521-4325	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Juan Pablo <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-5631	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Valley Intensivists, Pulmonologists, and Sleep Spe
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gongidi, Preetam <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-1017	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/78 Rpt: 30/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsby, Tonya Tamplin <hr/> 6 Contributor address; City; State; Zip Code Sherman, TX 75092-5081	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) TexomaCare
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Victoria I. <hr/> Contributor address; City; State; Zip Code Houston, TX 77003-1634	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine - Resident/Fellows
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gouvion, Michael David <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423-6326	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Timothy Eugene <hr/> Contributor address; City; State; Zip Code Longview, TX 75604-0603	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) East Texas Radiology Consultants
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Michael S. <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4324	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southwest Dermatology & Vein

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, John H. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205-3613	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, William Michael <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-7720	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guirl, Michael Joseph <hr/> Contributor address; City; State; Zip Code Shavano Park, TX 78230-5635	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gastroenterology Consultants Of San Antonio - Ston
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulbas, Paul Stephen <hr/> Contributor address; City; State; Zip Code El Paso, TX 79922-1751	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) El Paso Eye Surgeons, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupton, Theodore B. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-1191	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagemeister, Fredrick B. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-2031	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) MD Anderson Cancer Center
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ashley Goodnight <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-4706	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Jeremy T. <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-4498	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Katherine Shelley <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2219	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Clint D. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-7647	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammons, Douglas E. <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-2691	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanrahan, Corey <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-5774	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardee, Kianne <hr/> Contributor address; City; State; Zip Code Longview, TX 75601-5580	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harr, Craig A. <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008-4582	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Robert Edgar <hr/> 6 Contributor address; City; State; Zip Code Victoria, TX 77904-1101	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Aspire Allergy and Sinus
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Clint Andrew <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092-7936	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Vein Center of North Texas
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heasley, David Cressler <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-5732	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Hernandez, Alejandro <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-7281	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) RGV Wound Care
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Michael Lawrence <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503-1929	Amount of Contribution (\$) \$69.30
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texarkana Radiology Associates

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4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang, Kevin Vu Anh <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, George P. <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-7651	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W. <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-7565	Amount of Contribution (\$) \$208.26
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Joseph William <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-8700	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southeast Texas Gastroenterology Associates, P.A.
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Ken C. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-1907	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Hopper Group-Hopper Health Strategies

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4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horstman, William G. <hr/> 6 Contributor address; City; State; Zip Code Silverthorne, CO 80497-4058	7 Amount of Contribution (\$) \$66.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoyer, Paige E. <hr/> Contributor address; City; State; Zip Code Victoria, TX 77905-3857	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hueter, John Edwin <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503-5432	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) St Michaels Hospital
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Joshua Andrew <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2411	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, James Loyd <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4492	Amount of Contribution (\$) \$208.26
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hussain, Saad Mohammad <hr/> 6 Contributor address; City; State; Zip Code Denison, TX 75020-7351	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hussain, Tariq <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406-1572	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Citizens Medical Center
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyde, Matthew Ryan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyman, Benjamin <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-7047	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iannaccone, Susan Theresa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-2458	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center

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4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iheukwumere, Esther Orieku <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79121-1804	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Janine C. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-5709	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pain Recovery Center of Tyler
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iyamu, Ikponmwosa <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-7125	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iyer, Aparna Rama <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035-0479	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, John S. <hr/> Contributor address; City; State; Zip Code El Paso, TX 79922-2205	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Richard Alan <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092-9501	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jancowski, Luis A. <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033-2666	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasani, Rojina Habib <hr/> Contributor address; City; State; Zip Code Port Arthur, TX 77640-6909	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaster, Adam W. <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051-7174	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeelani, Faraz <hr/> Contributor address; City; State; Zip Code Irving, TX 75038-1470	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffries, Maggie A. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025-2302	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Avanti Anesthesia, Mind Balance Infusions
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Richard A. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2634	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jogi, Vikas <hr/> Contributor address; City; State; Zip Code Webster, TX 77598-4841	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CLS Health
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Elcy M. <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-6044	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Women's Group PLLC
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Daniel Arthur <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231-1404	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Health San Antonio

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanamalla, Uday S. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230-1814	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Judith P. <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-2968	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kayser, Scott William <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-8489	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keaton, Jerry A. <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652-9455	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ketkar, Manoj Arvind <hr/> Contributor address; City; State; Zip Code Plano, TX 75025-7012	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Rubina Anwar <hr/> 6 Contributor address; City; State; Zip Code Benbrook, TX 76132-1046	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Health Fort Worth
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilgore, David P. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1906	Amount of Contribution (\$) \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Thomas J. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5717	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Noma Therapy
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Matthew W. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2641	Amount of Contribution (\$) \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kogan, James B. <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-9423	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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SCHEDULE A1

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4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Elizabeth S. <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80210-4920	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuenstler, Kristi M. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108-9202	Amount of Contribution (\$) \$66.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kundler, Marc Willis <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-3011	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaBarbera, Philip T. <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-4894	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Nacogdoches Area Physicians Association, PLLC
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laborde, Stephen Van <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2312	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Laborde Dermatology, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laursen, Kerry A. <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-4569	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Byung Joo <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2613	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Orthopedic Associates of Dall
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Michael Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-2111	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Park City Cosmetic Surgery
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leifer, David Marc <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-7911	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leihgeber, Timothy J. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-0670	Amount of Contribution (\$) \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/78 Rpt: 45/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, John Mance <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Scott Feh-tsang <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081-5174	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llave, Alfred D. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-2616	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lobo, Stephen Melvyn <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-3545	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lodha, Anand K. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-4446	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Methodist Hospitals of Dallas

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/78 Rpt: 46/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longo, Marc N. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056-4226	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Ophthalmic Plastic Surgeons of Texas
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Victor Omar <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3337	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovelace, Candis Michelle <hr/> Contributor address; City; State; Zip Code Aurora, TX 76078-4511	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) New Leaf Plastic & Reconstructive Surgery
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, James David <hr/> Contributor address; City; State; Zip Code Longview, TX 75604-0605	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) East Texas Radiology Consultants
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, W. Bruce <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110-1017	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macha, Douglas B. <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703-0905	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Tyler Radiology Associates, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Joshua G. <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75501-0021	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Derek A. <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4656	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Pathology Associates, LLP
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Elise M. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124-4825	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Panhandle Plastic Srgry
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAuley, Michael F. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4579	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCain, Stefanie Bertie <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606-7041	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Stefaine McCain, MD
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, James J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3454	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Hermann Healthcare System
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCaslin, Justin M. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-7034	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClain, Chase W. <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79410-1428	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Great Plains Anesthesia
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Martha L. <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757-7309	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Dermatology Partners - East Texas

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrary, Kevin Wayne <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75605-7705	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrary, Michael W. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2128	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Thomas Edgar <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092-4316	Amount of Contribution (\$) \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillan, Christopher Eugene <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503-1102	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texarkana Radiology Associates
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medert, Paige <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-6704	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

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4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Sejal S. <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013-5336	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Psychiatric Medical Associates, PA
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menick, Barry Jay <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2003	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Carl Norman <hr/> Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) East Texas Radiology Consultants
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jon Matthew <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-0266	Amount of Contribution (\$) \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Curtis Matthew <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moate, Michelle E. <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019-4525	7 Amount of Contribution (\$) \$66.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohan, Kriti <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-3409	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ciaravino
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinar, Daniel Abraham <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-4921	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Las Palmas Del Sol Healthcare - HCA
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monday, Kimberly E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3318	Amount of Contribution (\$) \$208.26
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Neurology
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monga, Ashish G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-5051	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Robert Anthony <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205-2933	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) R Anthony Moore MD PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Clint <hr/> Contributor address; City; State; Zip Code Prosper, TX 75078-9029	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moustafa, Amr Soliman <hr/> Contributor address; City; State; Zip Code Allen, TX 75002-6249	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muppidi, Madhavi Reddy <hr/> Contributor address; City; State; Zip Code Irving, TX 75038-6215	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muresanu, Cristina Adriana <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-4464	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) NorthStar Surgery Specialists, PA

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muse, Kenisha Webb <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76502-5873	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Scott & White Memorial Hospital
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naini, Greeshma Reddy <hr/> Contributor address; City; State; Zip Code Farmers Branch, TX 75244-4202	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Moody Outpatient Center/Parkland Health
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Najeeb, Fahad <hr/> Contributor address; City; State; Zip Code Plano, TX 75074-0113	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Debra Ann <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022-5906	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Nancy <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407-2326	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) TMAA President 2001-2002		Employer (See Instructions) Business Owner

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niehus, Joe Lawrence <hr/> 6 Contributor address; City; State; Zip Code Sherman, TX 75090-5243	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy L. <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355-1836	Amount of Contribution (\$) \$83.26
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Noble Anesthesia Partners
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton, Ralph E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3420	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutis, Dinorah J. <hr/> Contributor address; City; State; Zip Code El Paso, TX 79922-2207	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwaokobia, Emmanuel K. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-3579	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Hermann Medical Group - Hospitalists Sout

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/78 Rpt: 55/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Qian Zhou 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orfanos, Myra Contributor address; City; State; Zip Code Edinburg, TX 78539-7715	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Christine E. Contributor address; City; State; Zip Code Dallas, TX 75229-3806	Amount of Contribution (\$) \$65.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pak, James P. Contributor address; City; State; Zip Code Plano, TX 75024-7450	Amount of Contribution (\$) \$66.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papaszomenos, Harry Contributor address; City; State; Zip Code Houston, TX 77071-1805	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/78 Rpt: 56/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Pulin Piyush <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75701-1832	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Bryan Radiology Associates
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearse, Lee Ann <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7703	Amount of Contribution (\$) \$208.26
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatric Cardiologists of N TX
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penney, Michael William <hr/> Contributor address; City; State; Zip Code Ave Maria, FL 34142-5421	Amount of Contribution (\$) \$86.13
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettibon, Keith D. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2945	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelps, Charles Ray <hr/> Contributor address; City; State; Zip Code Denison, TX 75020-0605	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/78 Rpt: 57/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelps, David R. <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76126-5151	7 Amount of Contribution (\$) \$74.25
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Rhonda Herrera <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-7063	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickell, Stuart C. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2062	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Palm Primary Care - Texas
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pilat, Martin <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-5806	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinho, Daniella F. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75234-6316	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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SCHEDULE A1

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4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pirtle, Thomas Emmett <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Valley Radiologists & Associates
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poe, Greg Scott <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407-5713	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, David P. <hr/> Contributor address; City; State; Zip Code Humble, TX 77347-0876	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David P. Poindexter, MD
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pond, Jason B. <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-1436	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potocki, Stanley E. <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79416-4710	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prater, Adam 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Joseph Edward Contributor address; City; State; Zip Code Friendswood, TX 77546-5576	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mainland Pulmonary Associates, PA
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Mark Dwane Contributor address; City; State; Zip Code Tyler, TX 75701-8015	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CHRISTUS Trinity Clinic - Gastroenterology
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prokell, Peter J. Contributor address; City; State; Zip Code Aledo, TX 76008-5817	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruneda, Joe M. Contributor address; City; State; Zip Code Kerrville, TX 78028-8853	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Peterson Medical Associates, PLLC

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pudu, Sridhar <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230-1706	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putegnat, B. Burton <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2506	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qalbani, Shiraz <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380-1642	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quadeer, A. Rahman <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Queralt, John A. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2009	Amount of Contribution (\$) \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qureshi, Jawad Mahmood <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092-3123	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Justin M. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-7150	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratnoff, William D. <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-5157	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Razdan, Maharaj K. <hr/> Contributor address; City; State; Zip Code McAllen, TX 78503-1540	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reading, David Wesley <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-5859	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reddy, Anand C. <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79761-5140	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Ector County Hospital District dba Family Health C
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeb, Robert J. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-3570	Amount of Contribution (\$) \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reese, William G. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110-3113	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Conor B. <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-4317	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medical City Dallas Hospital
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reuter, Robert H. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-0906	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA

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4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, H. Miller <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606-5023	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) H. Miller Richert, M.D., PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riepe, David B. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-0811	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Christopher-David Michael <hr/> Contributor address; City; State; Zip Code Laguna Vista, TX 78578-2921	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushton, Jennifer R. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-2101	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Oculus Pathology
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sacks, Justin Decker <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-6085	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Health NE

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4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Robert B. <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703-0324	7 Amount of Contribution (\$) \$74.25
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Tyler Radiology Associates, PA
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Kenneth Alan <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-4840	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santos, George D. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4432	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Greater Houston Psychiatric Associates, PLLC
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schackmuth, Bennett Nicholas <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79416-6151	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Student
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiavone, Juan Pablo <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257-5008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schniederjan, Joseph P. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124-5701	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoettle, Byron Wayne <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385-4369	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Valley Radiologists & Associates
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoppe, Kurt A. <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051-1104	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Gregory A. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-0101	Amount of Contribution (\$) \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA

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4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Joseph Alan <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75601-4649	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Steven M. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2521	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sensarma, Anirban <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Arathi A. <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-7964	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CommuniCare Health Ctr
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Atul T. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-4703	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shahin, Islam Aly <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75038-5956	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharatz, Steven Matthew <hr/> Contributor address; City; State; Zip Code Saint Cloud, FL 34771-8770	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shetty, Ashwin Kumar <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-4722	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirodkar, Samir <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-6400	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Spring Creek Urology Specialists
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Kevin A. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-3892	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sidhu, Jasvinder S. <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-5028	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor St Luke's Medical Group
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Gary Edward <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-5100	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Digvijay Pratap <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7440	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Kanwar P. <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3538	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Ramandeep <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-7589	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sitton, Clark W. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030-2111	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTMSH - Dept of Diagnostic & Interventional Imagin
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, Daniel P. <hr/> Contributor address; City; State; Zip Code Austin, TX 78734-1816	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sinus & Snoring Specialist
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, Paul M. <hr/> Contributor address; City; State; Zip Code Andrews, TX 79714-2605	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Andrews Famliy Medicine
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Katie <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-3019	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin OBGyn Assoc
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott G. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108-9613	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/78 Rpt: 70/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sory, William Crysup <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209-3523	7 Amount of Contribution (\$) \$74.25
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spindle, Preston K. <hr/> Contributor address; City; State; Zip Code Denison, TX 75020-2668	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spindler, Joseph S. <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-4695	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Arthritis Clinic of Houston
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprouse, David Robert <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-3924	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Family Practice Associates, PA
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurbeck, William W. <hr/> Contributor address; City; State; Zip Code El Paso, TX 79922-1051	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/78 Rpt: 71/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starkey, Kelly Christine <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-5713	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Stanley H. <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-2519	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Stanley H. Stein MD PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suarez, Philip T. <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904-3392	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cuero Community Hospital
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudarshan, Yvonne Antoinette <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566-8704	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherly, Kristopher Ryan <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1610	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CHRISTUS Health Texas A&M University School of Med

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/78 Rpt: 72/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Lisa Louise <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75218-2733	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thimann, Daniel A. <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-2723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tindall, B. Shane <hr/> Contributor address; City; State; Zip Code Caldwell, TX 77836-8385	Amount of Contribution (\$) \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirandaz, Arash <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-4226	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Internal Medicine Associates of Plano, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toliyat, Mohammad A. <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-8520	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/78 Rpt: 73/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Amy Michelle <hr/> 6 Contributor address; City; State; Zip Code Orange, TX 77630-7736	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trapnell, Kristen Penny <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126-1931	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Hector R. <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852-3044	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hector R. Trevino MDPA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trippe, Douglas Allen <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503-1140	Amount of Contribution (\$) \$69.30
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texarkana Radiology Associates
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tubb, Benjamin E. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78218-1799	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/78 Rpt: 74/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Matthew S. <hr/> 6 Contributor address; City; State; Zip Code Dalhart, TX 79022-4100	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varghese, Renny Madathikudiyil <hr/> Contributor address; City; State; Zip Code League City, TX 77573-7788	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB Health Dermatology
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velez, Jorge Alberto <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-3756	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wachsmann, Jason W. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-5819	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wajid, Haq <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/78 Rpt: 75/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, R Kent <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703-5833	7 Amount of Contribution (\$) \$59.40
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Tyler Radiology Associates, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walkiewicz, Thomas W. <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-0015	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Mark A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-1817	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor - Pediatrics
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warshauer, William Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238-3300	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Blake A. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-8234	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/78 Rpt: 76/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, David C. 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4465	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Nathan Contributor address; City; State; Zip Code Arlington, TX 76012-5668	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weissmann, Eric N. Contributor address; City; State; Zip Code Tyler, TX 75703-7034	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weissmann, Robert C. Contributor address; City; State; Zip Code Whitehouse, TX 75791-8311	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wenzel, Jeffrey Scott Contributor address; City; State; Zip Code Dallas, TX 75254-9112	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/78 Rpt: 77/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Paul D. <hr/> 6 Contributor address; City; State; Zip Code Sherman, TX 75092-4634	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Kenneth K. <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79416-4715	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Libby <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423-2922	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) 2019 County President		Employer (See Instructions) Business Owner
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitley, Douglas Eugene <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-7583	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TeamHealth/EMC
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitlow, Warren D. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-3632	Amount of Contribution (\$) \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/78 Rpt: 78/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, David Keith <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424-5604	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Jonathan M. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-7903	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-7706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Urology Specialists - Longview
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Vernon F. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005-1148	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willig, Donald Scott <hr/> Contributor address; City; State; Zip Code Spring, TX 77380-3995	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/78 Rpt: 79/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Benjamin <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, David A. <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-3238	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, David A. <hr/> Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015-4755	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodruff, Amy L. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-5146	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas EP Associates
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wortley, Phillip G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-2933	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/78 Rpt: 80/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaquinto, James J. <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76015-1900	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, John S. <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-1368	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yount, Mitchell Lee <hr/> Contributor address; City; State; Zip Code Plano, TX 75094-3859	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zandomeni, Gabriela M. <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-2098	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarian, Lawrence Peter <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124-2130	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) High Plains Radiological Association, LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/78 Rpt: 81/84
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeid, Louay <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-2826	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) CLS Health - Galleria
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zonozy, Auzhand Y. <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3534	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zuckerman, Marc Jay <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-3627	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech Univ-El Paso

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C3:
Sch: 1/1 Rpt: 82/84

2 FILER NAME

Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers)
00015658

4 Date

09/09/2025

5 Corporation / Labor Organization name

USAP- Dallas

6 Amount (\$)

52,173.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:
Sch: 1/1 Rpt: 83/84

2 FILER NAME

Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers)
00015658

4 Date

09/22/2025

5 Corporation / Labor Organization name

Texas Medical Association

6 Amount (\$)

23,575.26

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 84/84	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 09/16/2025	5 Payee name Ray Callas Campaign	
6 Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5815 Walden Road PO Box 20032 Beaumont, TX 77720	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ray Callas, STATE HOUSE 21st TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held