### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016271 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Pharmacy Association PAC Date Received **ELECTRONICALLY FILED** 11/05/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 3200 Steck Ave Suite 370 Austin, TX 78757 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount CEO RoxAnn NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Dominguez CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 3200 Steck Avenue STREET **ADDRESS** Ste. 370 (Residence or Business) Austin, TX 78757 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 3200 Steck Avenue MAILING **ADDRESS** Ste. 370 Austin, TX 78757 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 836-8350 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2025 10/25/2025

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

|   |  |   | 1                                 |   |
|---|--|---|-----------------------------------|---|
| 2 COMMITTEE NAME  |  |   | 13 Filer                          |   |
| Texas Pharmacy Assoc  | ciation PAC  | _   | 0001                              | 16271   |
| 4 COMMITTEE   | 1. Candidates  | A. Supported  |                                   |   |
| ACTIVITY  | (Identify by name or, if applicable, classify by party.)         |   |                                   |   |
| (Attach lists on plain<br>paper to complete this<br>report if necessary.) |  | B. Opposed  |                                   |   |
|   | 2. Measures  | A. Supported  |                                   |   |
|   | (Describe by date and location of election and nature of issue.) | 7. Supported  |                                   |   |
|   |  | B. Opposed  |                                   |   |
|   | Officeholders     Assisted     (Identify by name or, if          |   |                                   |   |
|   | applicable, classify by party.)                                  |   |                                   |   |
| 5 CONTRIBUTION<br>TOTALS  | PLEDGES, LOANS, CONTRIBUTIONS M                                  | D POLITICAL CONTRIBUTIONS (OTHER THA<br>OR GUARANTEES OF LOANS, OR<br>ADE ELECTRONICALLY)<br>qualifies for the higher itemization threshold | N                                 | \$ 0.00   |
|   | 2. TOTAL POLITICA  |   | 5)                                | \$ 6,401.00   |
| EXPENDITURE TOTALS  | ` `  | POLITICAL EXPENDITURES  | -,                                | \$ 0.00   |
|   | 4. TOTAL POLITICA  | L EXPENDITURES  |                                   | \$  |
|   |  |   |                                   | 0.00  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL OF THE REPORTIN                               | CONTRIBUTIONS MAINTAINED AS OF THE L<br>G PERIOD  | AST DAY                           | \$ 177,684.00   |
| OUTSTANDING<br>LOAN TOTALS  | 1  | AMOUNT OF ALL OUTSTANDING LOANS AS<br>REPORTING PERIOD  | OF THE                            | \$ 0.00   |
| 6 AFFIDAVIT   | <u> </u>   |   |                                   | <u> </u>  |
|   |  | I swear, or affirm, under penalty<br>true and correct and includes all<br>under Title 15, Election Code.                                    | of perjury, tha<br>information re | at the accompanying report is<br>equired to be reported by me |
|   |  | CEO Ro  | oxAnn Domi                        | inguez  |
|   |  |   | of Campaign                       |   |
| AFFIX NOTARY  | ' STAMP / SEAL ABOVE   |   |                                   |   |
|   |  |   |                                   |   |
|   |  | which witness my hand and soal of office  | , this the                        | day   |
| OT  | _, 20, to certify \  | vhich, witness my hand and seal of office.  |                                   |   |
| Signature of officer ad   | Iministering oath  | Printed name of officer administering oath  | Title                             | of officer administering oath                                 |

### **SUBTOTALS - MPAC**

### FORM MPAC COVER SHEET PG 3

|  |                               |                             | 3 of 29                    |
|--|-------------------------------|-----------------------------|----------------------------|
| 17 COMMITTEE NAME Texas Pharmacy Association PAC     |                               | <b>18</b> Filer ID 00016271 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE              |                               |                             | SUBTOTAL AMOUNT            |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONT            | RIBUTIONS                     |                             | <b>\$</b> 4,701.00         |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) PO            | DLITICAL CONTRIBUTIONS        |                             | \$                         |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                 |                               |                             | \$                         |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS ORGANIZATION  | FROM CORPORATION OR LABO      | )R                          | \$                         |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CO            | ONTRIBUTIONS FROM CORPORA     | ATION OR                    | \$                         |
| 6. X SCHEDULE C3: MONETARY SUPPORT FROM              | CORPORATION OR LABOR ORG      | ANIZATION                   | \$ 100.00                  |
| 7. X SCHEDULE C4: NON-MONETARY SUPPORT F             | ROM CORPORATION OR LABOR      |                             | \$ 1,600.00                |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FF              | ROM CORPORATION OR LABOR (    | ORGANIZATION                | \$                         |
| 9. SCHEDULE E: LOANS                                 |                               |                             | \$                         |
| 10. SCHEDULE F1: POLITICAL EXPENDITURES F            | ROM POLITICAL CONTRIBUTIONS   | S                           | \$                         |
| 11. SCHEDULE F2: UNPAID INCURRED OBLIGATI            | ONS                           |                             | \$                         |
| 12. SCHEDULE F3: PURCHASE OF INVESTMENTS             | S FROM POLITICAL CONTRIBUTION | ONS                         | \$                         |
| 13. SCHEDULE F4: EXPENDITURES MADE BY CR             | EDIT CARD                     |                             | \$                         |
| 14. SCHEDULE I: NON-POLITICAL EXPENDITURES           | S FROM POLITICAL CONTRIBUTION | ONS                         | \$                         |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, R TO FILER | EFUNDS, AND CONTRIBUTIONS I   | RETURNED                    | \$                         |
|  |                               |                             |                            |
|  |                               |                             |                            |
|  |                               |                             |                            |
|  |                               |                             |                            |
|  |                               |                             |                            |
|  |                               |                             |                            |

|   | MONEI                        | ARY POLITICAL C                              | ONTRIBUTIO                              | ONS                          |          | SCHEDULI  | E <b>A1</b>  |
|---|------------------------------|--|---|------------------------------|----------|---|--------------|
|   | The Instru                   | ction Guide explains how                     | to complete this f                      | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 1/24 Rpt: 4/29 |              |
| 2 | FILER NAME                   |  |   |                              | 3        | Filer ID (Ethics Commission                     | Filers)      |
|   | Texas Pharn                  | nacy Association PAC                         |   |                              |          | 00016271  |              |
| 4 | Date<br>09/30/2025           | <ul><li>5 Full name of contributor</li></ul> | out-of-state PAC (ID#:_<br>te; Zip Code |                              | 7        | Amount of Contribution (\$)                     | \$50.00      |
|   |                              | Houston, TX 77071-2623                       |   |                              |          |   |              |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)        |   | 9 Employer (See Instructions | 5)       |   |              |
|   | Date                         | Full name of contributor                     | out-of-state PAC (ID#:_                 | ,                            | Π        | Amount of Contribution (\$)                     |              |
|   | 10/09/2025                   | Abu-Baker, Asim                              | out-of-state PAC (ID#                   | )                            |          | Amount of Contribution (\$)                     | \$60.00      |
|   | 10/03/2023                   |  | to. Zie Code                            |                              |          |   | Ψ00.00       |
|   |                              | Contributor address; City; Sta               | te, zip Code                            |                              |          |   |              |
|   |                              | Corpus Christi, TX 78413-6                   | 6002                                    |                              |          |   |              |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)        |   | Employer (See Instructions   | 5)       |   |              |
|   |                              |  |   |                              | _        |   |              |
|   | Date                         | Full name of contributor                     | out-of-state PAC (ID#:_                 | )                            |          | Amount of Contribution (\$)                     | <b>#4.00</b> |
|   | 10/01/2025                   | Alice, Jones                                 |   |                              |          |   | \$4.00       |
|   |                              | Contributor address; City; Sta               | te; Zip Code                            |                              |          |   |              |
|   |                              |  |   |                              |          |   |              |
|   |                              | Austin, TX 78731-2028                        |   |                              |          |   |              |
|   | Principal occu               | pation / Job title (See Instructions)        |   | Employer (See Instructions   | <u>L</u> |   |              |
|   | Pharmacist                   | , ,  |   |                              |          |   |              |
|   | Date                         | Full name of contributor                     | out-of-state PAC (ID#:                  | )                            |          | Amount of Contribution (\$)                     |              |
|   | 10/20/2025                   | Alvarado, Christopher                        | _ ` -                                   | ,                            |          | ,,  | \$100.00     |
|   |                              | Contributor address; City; Sta               | te: Zip Code                            |                              |          |   |              |
|   |                              |  | ,,                                      |                              |          |   |              |
|   |                              |  |   |                              |          |   |              |
|   |                              | San Antonio, TX 78253-628                    | 33                                      |                              |          |   |              |
|   | Principal occu               | pation / Job title (See Instructions)        |   | Employer (See Instructions   | 5)       |   |              |
|   | Pharmacist                   |  |   |                              |          |   |              |
|   | Date                         | Full name of contributor                     | out-of-state PAC (ID#:_                 |                              |          | Amount of Contribution (\$)                     |              |
|   | 10/01/2025                   | Amer, Hakam                                  |   |                              |          |   | \$4.00       |
|   |                              | Contributor address; City; Sta               | te; Zip Code                            |                              | 1        |   |              |
|   |                              |  |   |                              |          |   |              |
|   |                              |  |   |                              |          |   |              |
|   |                              | Peoria, AZ 85383-6668                        |   |                              | <u>L</u> |   |              |
|   |                              | pation / Job title (See Instructions)        |   | Employer (See Instructions   | 5)       |   |              |
|   | Pharmacist                   |  |   |                              |          |   |              |
|   |                              |  |   |                              |          |   |              |
|   |                              |  |   |                              |          |   |              |

|   | MONET                        | ARY POLITICAL CONTRIBUTION  | NS                         |   | SCHEDULE  | A1      |
|---|------------------------------|---|----------------------------|---|---|---------|
|   | The Instru                   | ction Guide explains how to complete this fo  | rm.                        | 1 | Total pages Schedule A1:<br>Sch: 2/24 Rpt: 5/29 |         |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC  |                            | 3 | Filer ID (Ethics Commission 00016271            | Filers) |
| 4 | Date<br>10/01/2025           | <ul> <li>Full name of contributor</li></ul>   | )                          | 7 | Amount of Contribution (\$)                     | \$4.00  |
| _ |                              | Plano, TX 75093-5412  |                            |   |   |         |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |         |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Anisa, Ahmed Contributor address; City; State; Zip Code                           | )                          |   | Amount of Contribution (\$)                     | \$4.00  |
|   | Dringing agg                 | Dallas, TX 75219-7912   | Employer (See Instructions |   |   |         |
|   | Pharmacist                   | pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |         |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#:April, Bolden  Contributor address; City; State; Zip Code                          | )                          |   | Amount of Contribution (\$)                     | \$4.00  |
|   |                              | Fort Worth, TX 76112-3847   |                            |   |   |         |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |         |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#:Atheia, Hardy  Contributor address; City; State; Zip Code  Richmond, TX 77469-1118 | )                          |   | Amount of Contribution (\$)                     | \$4.00  |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |         |
|   | Date<br>09/30/2025           | Full name of contributor out-of-state PAC (ID#:   | )                          |   | Amount of Contribution (\$)                     | \$60.00 |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |         |
|   |                              |   |                            |   |   |         |

|   | MONET                        | ARY POLITICAL CONTRIBUTION  | ONS                          |   | SCHEDUL   | E <b>A1</b> |
|---|------------------------------|---|------------------------------|---|---|-------------|
|   | The Instru                   | ction Guide explains how to complete this f   | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 3/24 Rpt: 6/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC  |                              | 3 | Filer ID (Ethics Commission 00016271            | n Filers)   |
| 4 | Date<br>10/06/2025           | <ul> <li>Full name of contributor</li></ul>   |                              | 7 | Amount of Contribution (\$)                     | \$50.00     |
|   |                              | Cave Creek, AZ 85331-3116   |                              |   |   |             |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | 9 Employer (See Instructions | ) |   |             |
|   | Date<br>10/02/2025           | Contributor address; City; State; Zip Code  | )                            |   | Amount of Contribution (\$)                     | \$100.00    |
|   | Principal occu               | Vernon, TX 76384-3165 pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   | Pharmacist                   |   |                              |   |   |             |
|   | Date<br>10/17/2025           | Full name of contributor out-of-state PAC (ID#:_<br>Beall, Michelle<br>Contributor address; City; State; Zip Code                 | )                            |   | Amount of Contribution (\$)                     | \$60.00     |
|   |                              | Tatum, TX 75691-3769  |                              |   |   |             |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   | Date<br>10/17/2025           | Full name of contributor out-of-state PAC (ID#:_ Beall, Michelle Contributor address; City; State; Zip Code  Tatum, TX 75691-3769 |                              |   | Amount of Contribution (\$)                     | \$10.00     |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   | Date<br>09/30/2025           | Full name of contributor out-of-state PAC (ID#:_Bennett, Julie  Contributor address; City; State; Zip Code  Austin, TX 78727-3018 |                              |   | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |             |
|   |                              |   |                              |   |   |             |

|   | MONET                        | ARY POLITICAL CONTRIBUTIO  | NS                           |   | SCHEDULE  | A1      |
|---|------------------------------|--|------------------------------|---|---|---------|
|   | The Instru                   | ction Guide explains how to complete this fo   | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 4/24 Rpt: 7/29 |         |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC   |                              | 3 | Filer ID (Ethics Commission 00016271            | Filers) |
| 4 | Date<br>10/08/2025           | <ul> <li>Full name of contributor</li></ul>  | )                            | 7 | Amount of Contribution (\$)                     | \$4.00  |
|   |                              | San Antonio, TX 78203-1400   |                              |   |   |         |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | 9 Employer (See Instructions | ) |   |         |
|   | Date<br>10/13/2025           | Contributor address; City; State; Zip Code   |                              |   | Amount of Contribution (\$)                     | \$4.00  |
|   | Principal occu<br>Pharmacist | Missouri City, TX 77459-5541  pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |         |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Britney, Woods Contributor address; City; State; Zip Code                              |                              |   | Amount of Contribution (\$)                     | \$4.00  |
|   | Dringing aggr                | Mansfield, TX 76063-5554   | Employer (See Instructions   |   |   |         |
|   | Pharmacist Pharmacist        | pation / Job title (See Instructions)  | Employer (See instructions   | ) |   |         |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Brittney, Cruse  Contributor address; City; State; Zip Code  Sugar Land, TX 77479-6111 |                              |   | Amount of Contribution (\$)                     | \$4.00  |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |         |
|   | Date<br>10/14/2025           | Full name of contributor out-of-state PAC (ID#:  |                              |   | Amount of Contribution (\$)                     | \$50.00 |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |         |
|   |                              |  |                              |   |   |         |

|   | MONEI                        | ARY POLITICAL CONTRIBUTIO  | NS                          | SCHEDULE A1                                       |
|---|------------------------------|--|-----------------------------|---|
|   | The Instru                   | ction Guide explains how to complete this fo   | orm.                        | 1 Total pages Schedule A1:<br>Sch: 5/24 Rpt: 8/29 |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC   |                             | 3 Filer ID (Ethics Commission Filers) 00016271    |
| 4 | Date<br>10/24/2025           | <ul> <li>Full name of contributor</li></ul>  | )                           | 7 Amount of Contribution (\$) \$60.00             |
| 8 | Principal occu<br>Pharmacist | New Braunfels, TX 78132-2927 pation / Job title (See Instructions)   | Employer (See Instructions) | )   |
|   | Date<br>10/20/2025           | Full name of contributor out-of-state PAC (ID#:_Buras, Lynde  Contributor address; City; State; Zip Code  College Station, TX 77845-5560 | )                           | Amount of Contribution (\$)<br>\$60.00            |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions) | )   |
|   | Date<br>10/23/2025           | Full name of contributor out-of-state PAC (ID#: Camille, Baker Contributor address; City; State; Zip Code                                |                             | Amount of Contribution (\$) \$4.00                |
|   | Dringing con                 | Houston, TX 77056-3740   | Employer (See Instructions  | A   |
|   | Pharmacist Pharmacist        | pation / Job title (See Instructions)  | Employer (See Instructions) | )   |
|   | Date<br>10/23/2025           | Full name of contributor out-of-state PAC (ID#:_ Cervantes, Adrian  Contributor address; City; State; Zip Code  Harlingen, TX 78552-6232 |                             | Amount of Contribution (\$) \$60.00               |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions) | )   |
|   | Date<br>10/22/2025           | Full name of contributor out-of-state PAC (ID#:_Chane, Brandi  Contributor address; City; State; Zip Code  Weatherfod, TX 76086-2938     | )                           | Amount of Contribution (\$) \$40.00               |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions) |   |
|   |                              |  |                             |   |

|   | MONET                        | ARY POLITICAL CONTRIBUTIO  | NS                           |          | SCHEDUL   | E <b>A1</b> |
|---|------------------------------|--|------------------------------|----------|---|-------------|
|   | The Instru                   | ction Guide explains how to complete this fo   | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 6/24 Rpt: 9/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC   |                              | 3        | Filer ID (Ethics Commission 00016271            | n Filers)   |
| 4 | Date 10/22/2025              | <ul> <li>Full name of contributor</li></ul>  |                              | 7        | Amount of Contribution (\$)                     | \$100.00    |
|   |                              | Frisco, TX 75035-6212  |                              |          |   |             |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | 9 Employer (See Instructions | 5)       |   |             |
|   | Date<br>10/01/2025           | Contributor address; City; State; Zip Code   | )                            |          | Amount of Contribution (\$)                     | \$4.00      |
|   | Principal occu<br>Pharmacist | Frisco, TX 75034-0063 pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u> |   |             |
|   | Date<br>09/30/2025           | Full name of contributor out-of-state PAC (ID#:_ Clark, Lauren  Contributor address; City; State; Zip Code                             | )                            |          | Amount of Contribution (\$)                     | \$60.00     |
|   | Principal occu               | Austin, TX 78757-8213 pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u> |   |             |
|   | Pharmacist                   |  |                              |          |   |             |
|   | Date<br>09/30/2025           | Full name of contributor out-of-state PAC (ID#: Collier, Sandra Contributor address; City; State; Zip Code  Nacogdoches, TX 75965-6969 |                              |          | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)       |   |             |
|   | Date<br>10/17/2025           | Full name of contributor out-of-state PAC (ID#:_ Coomes, Stephen Contributor address; City; State; Zip Code  Aubrey, TX 76227-3979     |                              |          | Amount of Contribution (\$)                     | \$60.00     |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | )        |   |             |
|   |                              |  |                              |          |   |             |

|   | MONET                        | ARY POLITICAL CONTRIBUTION   | NS                           |          | SCHEDULE   | <b>■ A1</b> |
|---|------------------------------|--|------------------------------|----------|--|-------------|
|   | The Instru                   | ction Guide explains how to complete this fo   | rm.                          | 1        | Total pages Schedule A1:<br>Sch: 7/24 Rpt: 10/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC   |                              | 3        | Filer ID (Ethics Commission 00016271             | Filers)     |
| 4 | Date<br>10/22/2025           | <ul> <li>Full name of contributor</li></ul>  | )                            | 7        | Amount of Contribution (\$)                      | \$20.00     |
|   |                              | San Antonio, TX 78244-1986   |                              |          |  |             |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | 9 Employer (See Instructions | i)       |  |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#:<br>Dawn, Dozier<br>Contributor address; City; State; Zip Code                            |                              |          | Amount of Contribution (\$)                      | \$4.00      |
|   | Principal occu               | Pearland, TX 77584-7210 pation / Job title (See Instructions)  | Employer (See Instructions   | <u> </u> |  |             |
|   | Pharmacist                   |  | . , ,                        | ,        |  |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Derek, Johnson  Contributor address; City; State; Zip Code                               | )                            |          | Amount of Contribution (\$)                      | \$4.00      |
|   |                              | Humble, TX 77346-3714  |                              |          |  |             |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | i)       |  |             |
|   | Date<br>10/22/2025           | Full name of contributor out-of-state PAC (ID#: Dominguez, RoxAnn  Contributor address; City; State; Zip Code  Cedar Park, TX 78613-7395 | )                            |          | Amount of Contribution (\$)                      | \$300.00    |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | 5)       |  |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#:  |                              |          | Amount of Contribution (\$)                      | \$4.00      |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | ;)       |  |             |
|   |                              | <b>1</b>   |                              |          |  |             |

|   | MONEI                        | ARY POLITICAL CONTRIBUTION  | ONS                          |                | SCHEDULI   | E <b>A1</b> |
|---|------------------------------|---|------------------------------|----------------|--|-------------|
|   | The Instru                   | ction Guide explains how to complete this   | form.                        | 1              | Total pages Schedule A1:<br>Sch: 8/24 Rpt: 11/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC  |                              | 3              | Filer ID (Ethics Commission 00016271             | n Filers)   |
| 4 | Date<br>10/10/2025           | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Fry, Wilson</li> <li>Contributor address; City; State; Zip Code</li> </ul>    |                              | 7              | Amount of Contribution (\$)                      | \$60.00     |
| 8 | Principal occu<br>Pharmacist | Manor, TX 78653-3873 pation / Job title (See Instructions)  | 9 Employer (See Instructions | <u> </u><br>;) |  |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: George, Moussallie  Contributor address; City; State; Zip Code  Edgewood, WA 98371-1408 | )                            |                | Amount of Contribution (\$)                      | \$4.00      |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)             |  |             |
|   | Date<br>10/06/2025           | Full name of contributor out-of-state PAC (ID#: Gibbs, Patricia  Contributor address; City; State; Zip Code                             |                              |                | Amount of Contribution (\$)                      | \$60.00     |
|   | Principal occu               | Boerne, TX 78015-4482 pation / Job title (See Instructions)   | Employer (See Instructions   | <u> </u><br>5) |  |             |
|   | Date<br>10/07/2025           | Full name of contributor out-of-state PAC (ID#: Gibson, Aaron  Contributor address; City; State; Zip Code  Andrews, TX 79714-3618       |                              |                | Amount of Contribution (\$)                      | \$200.00    |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)             |  |             |
|   | Date<br>10/15/2025           | Full name of contributor out-of-state PAC (ID#: Gonzales, Karen  Contributor address; City; State; Zip Code  Temple, TX 76502-3854      |                              |                | Amount of Contribution (\$)                      | \$10.00     |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)             |  |             |
|   |                              |   |                              |                |  |             |

|   | MONET                        | ARY POLITICAL CONTRIBUTION  | NS                           |   | SCHEDUL  | E <b>A1</b> |
|---|------------------------------|---|------------------------------|---|--|-------------|
|   | The Instruc                  | ction Guide explains how to complete this fo  | rm.                          | 1 | Total pages Schedule A1:<br>Sch: 9/24 Rpt: 12/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC  |                              | 3 | Filer ID (Ethics Commission 00016271             | n Filers)   |
| 4 | Date<br>10/22/2025           | <ul> <li>Full name of contributor</li></ul>   | )                            | 7 | Amount of Contribution (\$)                      | \$200.00    |
| _ | Dringing! aggs               | Detroit, TX 75436-4500  | • Employer (Coo Instructions |   |  |             |
| 8 | Pharmacist                   | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |  |             |
|   | Date<br>10/15/2025           | Full name of contributor out-of-state PAC (ID#:<br>Hampton, Lee Ann<br>Contributor address; City; State; Zip Code |                              |   | Amount of Contribution (\$)                      | \$50.00     |
|   | Drincinal occu               | Detroit, TX 75436-4500 pation / Job title (See Instructions)  | Employer (See Instructions   |   |  |             |
|   | Pharmacist                   | Salion 7 300 title (See instructions)   | Employer (See instructions   | , |  |             |
|   | Date<br>09/26/2025           | Full name of contributor out-of-state PAC (ID#:<br>Hicks, Mary<br>Contributor address; City; State; Zip Code      | )                            |   | Amount of Contribution (\$)                      | \$20.00     |
|   |                              | Fort Worth, TX 76244-5288   |                              |   |  |             |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |  |             |
|   | Date<br>10/22/2025           | Full name of contributor out-of-state PAC (ID#:   |                              |   | Amount of Contribution (\$)                      | \$100.00    |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |  |             |
|   | Date<br>09/30/2025           | Full name of contributor out-of-state PAC (ID#:   | )                            |   | Amount of Contribution (\$)                      | \$100.00    |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |  |             |
|   |                              |   |                              |   |  |             |

|   | MONET                        | ARY POLITICAL CONTRIBUTIO  | NS                           |    | SCHEDULI  | E <b>A1</b> |
|---|------------------------------|--|------------------------------|----|---|-------------|
|   | The Instru                   | ction Guide explains how to complete this fo   | rm.                          | 1  | Total pages Schedule A1:<br>Sch: 10/24 Rpt: 13/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC   |                              | 3  | Filer ID (Ethics Commission 00016271              | n Filers)   |
| 4 | Date<br>10/22/2025           | <ul> <li>Full name of contributor</li></ul>  | )                            | 7  | Amount of Contribution (\$)                       | \$100.00    |
|   |                              | Lubbock, TX 79423-6165   |                              |    |   |             |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | 9 Employer (See Instructions | i) |   |             |
|   | Date<br>10/08/2025           | Full name of contributor out-of-state PAC (ID#:<br>Hobart, Christopher<br>Contributor address; City; State; Zip Code                   |                              |    | Amount of Contribution (\$)                       | \$60.00     |
|   | Principal occu               | Lubbock, TX 79423-6165 pation / Job title (See Instructions)   | Employer (See Instructions   |    |   |             |
|   | Pharmacist                   | oation 7 300 title (See instructions)  | Employer (See instructions   | ') |   |             |
|   | Date<br>10/17/2025           | Full name of contributor out-of-state PAC (ID#: How, Sandra  Contributor address; City; State; Zip Code                                | )                            |    | Amount of Contribution (\$)                       | \$50.00     |
|   |                              | Magnolia, TX 77354-6474  |                              |    |   |             |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | i) |   |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Jamie, Millican  Contributor address; City; State; Zip Code  Fort Worth, TX 76108-6988 | )                            |    | Amount of Contribution (\$)                       | \$4.00      |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | () |   |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Januari, Lewis  Contributor address; City; State; Zip Code  Dallas, TX 75211-0487      |                              |    | Amount of Contribution (\$)                       | \$4.00      |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | i) |   |             |
|   |                              | 1  |                              |    |   |             |

|   | MONET                        | ARY POLITICAL CONTRIBUTIO   | NS                           |          | SCHEDULE  | <b>A1</b> |
|---|------------------------------|---|------------------------------|----------|---|-----------|
|   | The Instruc                  | ction Guide explains how to complete this fo  | orm.                         | 1        | Total pages Schedule A1:<br>Sch: 11/24 Rpt: 14/29 |           |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC  |                              | 3        | Filer ID (Ethics Commission I 00016271            | Filers)   |
| 4 | Date<br>10/01/2025           | <ul> <li>Full name of contributor</li></ul>   |                              | 7        | Amount of Contribution (\$)                       | \$4.00    |
|   |                              | Rockwall, TX 75032-5856   |                              |          |   |           |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | 9 Employer (See Instructions | 5)       |   |           |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#:_<br>Jeri, Jones  Contributor address; City; State; Zip Code                         |                              |          | Amount of Contribution (\$)                       | \$4.00    |
|   | Principal occu               | Katy, TX 77450-5128 pation / Job title (See Instructions)   | Employer (See Instructions   | <u>.</u> |   |           |
|   | Pharmacist                   |   | p.o/o. (000ou 00.0           | ,        |   |           |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Jerod, Jewell Contributor address; City; State; Zip Code                            |                              |          | Amount of Contribution (\$)                       | \$4.00    |
|   |                              | Kermit, TX 79745-3629   |                              |          |   |           |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | )        |   |           |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#:_ Jesica, Tumlinson  Contributor address; City; State; Zip Code  Kyle, TX 78640-8729 |                              |          | Amount of Contribution (\$)                       | \$4.00    |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | 5)       |   |           |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#:_ Julie, Vu  Contributor address; City; State; Zip Code  Bentonville, AR 72713-3181  | )                            |          | Amount of Contribution (\$)                       | \$4.00    |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | ()       |   |           |
|   |                              |   |                              |          |   |           |

|   | MONET                        | ARY POLITICAL CONTRIBUTION  | NS                         |   | SCHEDULI  | E <b>A1</b> |
|---|------------------------------|---|----------------------------|---|---|-------------|
|   | The Instru                   | ction Guide explains how to complete this fo  | rm.                        | 1 | Total pages Schedule A1:<br>Sch: 12/24 Rpt: 15/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC  |                            | 3 | Filer ID (Ethics Commission 00016271              | ı Filers)   |
| 4 | Date<br>10/01/2025           | <ul> <li>Full name of contributor</li></ul>   |                            | 7 | Amount of Contribution (\$)                       | \$4.00      |
|   |                              | Dallas, TX 75204-2358   |                            |   |   |             |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |             |
|   | Date<br>09/27/2025           | Contributor address; City; State; Zip Code  | )                          |   | Amount of Contribution (\$)                       | \$30.00     |
|   | Principal occu               | Frisco, TX 75034-2646 pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |             |
|   | Pharmacist                   |   |                            |   |   |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Kayla, Eveld Contributor address; City; State; Zip Code                               | )                          |   | Amount of Contribution (\$)                       | \$4.00      |
|   |                              | Flower Mound, TX 75027-0496   |                            |   |   |             |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |             |
|   | Date<br>10/22/2025           | Full name of contributor out-of-state PAC (ID#: Kendall, Scott  Contributor address; City; State; Zip Code  Fort Worth, TX 76137-5918 |                            |   | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Kevin, Paruszewski  Contributor address; City; State; Zip Code  Spring, TX 77379-7815 |                            |   | Amount of Contribution (\$)                       | \$4.00      |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |             |
|   | ···amaoot                    | l.  |                            |   |   |             |

|   | MONET                        | ARY POLITICAL CONTRIBUTION   | NS                         |   | SCHEDULE  | <b>■ A1</b> |
|---|------------------------------|--|----------------------------|---|---|-------------|
|   | The Instru                   | ction Guide explains how to complete this fo   | rm.                        | 1 | Total pages Schedule A1:<br>Sch: 13/24 Rpt: 16/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC   |                            | 3 | Filer ID (Ethics Commission 00016271              | Filers)     |
| 4 | Date<br>10/18/2025           | <ul> <li>Full name of contributor</li></ul>  | )                          | 7 | Amount of Contribution (\$)                       | \$60.00     |
| _ |                              | Saginaw, TX 76131-2911   |                            |   |   |             |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions | ) |   |             |
|   | Date<br>10/05/2025           | Full name of contributor out-of-state PAC (ID#:<br>Kimberly, Schaffer  Contributor address; City; State; Zip Code                        |                            |   | Amount of Contribution (\$)                       | \$4.00      |
|   | Principal occu               | Cedar Park, TX 78613-5300 pation / Job title (See Instructions)  | Employer (See Instructions | ) |   |             |
|   | Pharmacist                   | (200)  |                            | , |   |             |
|   | Date<br>10/19/2025           | Full name of contributor out-of-state PAC (ID#: Klein, Mary  Contributor address; City; State; Zip Code                                  | )                          |   | Amount of Contribution (\$)                       | \$25.00     |
|   |                              | Abilene, TX 79602-8181   |                            |   |   |             |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions | ) |   |             |
|   | Date<br>10/04/2025           | Full name of contributor out-of-state PAC (ID#: Kleinschmidt, Anna  Contributor address; City; State; Zip Code  Lexington, TX 78947-4939 | )                          |   | Amount of Contribution (\$)                       | \$15.00     |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions | ) |   |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Kyle, Kadivi  Contributor address; City; State; Zip Code  Frisco, TX 75034-2646          | )                          |   | Amount of Contribution (\$)                       | \$4.00      |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions | ) |   |             |
|   |                              | 1  |                            |   |   |             |

|   | MONET                        | ARY POLITICAL CONTRIBUTIO  | NS                           |   | SCHEDULE  | <b>A1</b> |
|---|------------------------------|--|------------------------------|---|---|-----------|
|   | The Instruc                  | ction Guide explains how to complete this fo   | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 14/24 Rpt: 17/29 |           |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC   |                              | 3 | Filer ID (Ethics Commission 00016271              | Filers)   |
| 4 | Date<br>10/01/2025           | <ul> <li>Full name of contributor</li></ul>  |                              | 7 | Amount of Contribution (\$)                       | \$4.00    |
|   |                              | Richmond, TX 77407-4036  |                              |   |   |           |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | 9 Employer (See Instructions | ) |   |           |
|   | Date<br>10/01/2025           | Full name of contributor   |                              |   | Amount of Contribution (\$)                       | \$4.00    |
|   | Deire sin al access          | Arlington, TX 76017-1739   | Faralassa (Osas Instructions |   |   |           |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |           |
|   | Date 09/30/2025              | Full name of contributor out-of-state PAC (ID#:_<br>Lemke, Kendall<br>Contributor address; City; State; Zip Code                       | )                            |   | Amount of Contribution (\$)                       | \$50.00   |
|   |                              | Troup, TX 75789-8238   |                              |   |   |           |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |           |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#:_Loynecia, Wilkerson  Contributor address; City; State; Zip Code  Manvel, TX 77578-3285 |                              |   | Amount of Contribution (\$)                       | \$4.00    |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |           |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#:_ Marla, Fielder  Contributor address; City; State; Zip Code  Houston, TX 77064-1734    | )                            |   | Amount of Contribution (\$)                       | \$4.00    |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |   |           |
|   |                              |  |                              |   |   |           |

|   | MONET                        | ARY POLITICAL CONTRIBUTIO  | NS                              |                     | SCHEDUL   | E <b>A1</b> |
|---|------------------------------|--|---------------------------------|---------------------|---|-------------|
|   | The Instru                   | ction Guide explains how to complete this fo   | orm.                            | 1                   | Total pages Schedule A1:<br>Sch: 15/24 Rpt: 18/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC   |                                 | 3                   | Filer ID (Ethics Commission 00016271              | n Filers)   |
| 4 | Date<br>10/01/2025           | <ul> <li>Full name of contributor</li></ul>  | )                               | 7                   | Amount of Contribution (\$)                       | \$4.00      |
| _ | <u> </u>                     | Austin, TX 78728-4563  |                                 |                     |   |             |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | 9 Employer (See Instructions    | 5)                  |   |             |
|   | Date<br>09/30/2025           | Full name of contributor  out-of-state PAC (ID#:_<br>Marshall, Michael  Contributor address; City; State; Zip Code                     | )                               |                     | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu               | Dallas, TX 75248-3934 pation / Job title (See Instructions)  | Employer (See Instructions      | -,<br>              |   |             |
|   | Pharmacist                   | odition / Job title (See Instructions)   | Employer (See Instructions      | ,                   |   |             |
|   | Date<br>10/22/2025           | Full name of contributor   |                                 |                     | Amount of Contribution (\$)                       | \$120.00    |
|   | Deinsinal                    | Wheeler, TX 79096-0230   | Faralas a (O. a. la atrustica a | $\overline{\Gamma}$ |   |             |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions      | 5)                  |   |             |
|   | Date<br>10/15/2025           | Full name of contributor out-of-state PAC (ID#:_McKeefer, Haley  Contributor address; City; State; Zip Code  Fort Worth, TX 76179-1579 |                                 |                     | Amount of Contribution (\$)                       | \$10.00     |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions      | 5)                  |   |             |
|   | Date<br>10/18/2025           | Full name of contributor out-of-state PAC (ID#:_ McMahon, Linda  Contributor address; City; State; Zip Code  Plano, TX 75093-4529      |                                 |                     | Amount of Contribution (\$)                       | \$60.00     |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions      | 5)                  |   |             |
|   |                              |  |                                 |                     |   |             |

|   | MONET                        | ARY POLITICAL CONTRIBUTIO   | NS                            |    | SCHEDUL   | E <b>A1</b> |
|---|------------------------------|---|-------------------------------|----|---|-------------|
|   | The Instruc                  | ction Guide explains how to complete this fo  | rm.                           | 1  | Total pages Schedule A1:<br>Sch: 16/24 Rpt: 19/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC  |                               | 3  | Filer ID (Ethics Commission 00016271              | n Filers)   |
| 4 | Date<br>10/22/2025           | <ul> <li>Full name of contributor</li></ul>   |                               | 7  | Amount of Contribution (\$)                       | \$100.00    |
| _ | Dringing! agg.               | Eastland, TX 76448-2536   | 2. Employer (See Instructions | _  |   |             |
| 8 | Pharmacist                   | pation / Job title (See Instructions)   | 9 Employer (See Instructions  | )  |   |             |
|   | Date<br>09/30/2025           | Full name of contributor out-of-state PAC (ID#:<br>Mcnabb, Benjamin<br>Contributor address; City; State; Zip Code             |                               |    | Amount of Contribution (\$)                       | \$100.00    |
|   |                              | Eastland, TX 76448-2536   | - 10                          |    |   |             |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions    | 5) |   |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#:<br>Michael, Hughes<br>Contributor address; City; State; Zip Code              | )                             |    | Amount of Contribution (\$)                       | \$4.00      |
|   |                              | Seabrook, TX 77586-2822   |                               |    |   |             |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions    | i) |   |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Min, Yoo  Contributor address; City; State; Zip Code  McKinney, TX 75071-0117 | )                             |    | Amount of Contribution (\$)                       | \$4.00      |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions    | )  |   |             |
|   | Date<br>09/30/2025           | Full name of contributor out-of-state PAC (ID#: Moore, Jared  Contributor address; City; State; Zip Code  Alto, TX 75925-6000 |                               |    | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions    | )  |   |             |
|   |                              | 1   |                               |    |   |             |

|   | MONET                        | ARY POLITICAL CONTRIBUTION   | NS                         |   | SCHEDUL   | E <b>A1</b> |
|---|------------------------------|--|----------------------------|---|---|-------------|
|   | The Instru                   | ction Guide explains how to complete this fo   | rm.                        | 1   | Total pages Schedule A1:<br>Sch: 17/24 Rpt: 20/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC   |                            | 3   | Filer ID (Ethics Commission 00016271              | n Filers)   |
| 4 | Date<br>10/01/2025           | <ul> <li>Full name of contributor</li></ul>  | )                          | 7   | Amount of Contribution (\$)                       | \$4.00      |
| _ |                              | Houston, TX 77094-1441   |                            |   |   |             |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions | 5)  |   |             |
|   | Date<br>10/01/2025           | Contributor address; City; State; Zip Code   | )                          |   | Amount of Contribution (\$)                       | \$60.00     |
|   | Principal occu               | Little Elm, TX 75068-2958 pation / Job title (See Instructions)  | Employer (See Instructions | 5)  |   |             |
|   | Pharmacist<br>Date           | Full name of contributor  out-of-state PAC (ID#:   |                            |   | Amount of Contribution (\$)                       |             |
|   | 10/22/2025                   | Patel, Amish  Contributor address; City; State; Zip Code   |                            |   |   | \$100.00    |
|   | Drincinal occu               | Coppell, TX 75019-6118 pation / Job title (See Instructions)   | Employer (See Instructions | <u>,                                     </u> |   |             |
|   | Pharmacist Pharmacist        | Sauon 7 300 title (See mistractions)   | Employer (See instructions | ')  |   |             |
|   | Date<br>10/22/2025           | Full name of contributor out-of-state PAC (ID#: Patel, Hiten  Contributor address; City; State; Zip Code  Houston, TX 77007-3614 | )                          |   | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions | )   |   |             |
|   | Date<br>09/30/2025           | Full name of contributor out-of-state PAC (ID#: Patel, Vatsal Contributor address; City; State; Zip Code  Odessa, TX 79765-2332  |                            |   | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions | i)  |   |             |
|   |                              | 1  |                            |   |   |             |

|   | MONET                        | ARY POLITICAL CONTRIBUTIO   | NS                            |    | SCHEDULE  | A1      |
|---|------------------------------|---|-------------------------------|----|---|---------|
|   | The Instru                   | ction Guide explains how to complete this fo  | rm.                           | 1  | Total pages Schedule A1:<br>Sch: 18/24 Rpt: 21/29 |         |
| 2 | FILER NAME<br>Texas Pharm    | nacy Association PAC  |                               | 3  | Filer ID (Ethics Commission 00016271              | Filers) |
| 4 | Date<br>10/01/2025           | <ul> <li>Full name of contributor</li></ul>   | )                             | 7  | Amount of Contribution (\$)                       | \$4.00  |
|   |                              | Channelview, TX 77530-4559  |                               |    |   |         |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | 9 Employer (See Instructions  | 5) |   |         |
|   | Date<br>10/08/2025           | Full name of contributor  out-of-state PAC (ID#:Paul, Williams  Contributor address; City; State; Zip Code                              | )                             |    | Amount of Contribution (\$)                       | \$4.00  |
|   | Deinsinal assu               | Abilene, TX 79605-6667  | Franks or (Cool la structions | _  |   |         |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions    | 5) |   |         |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#:<br>Payal, Murhammer<br>Contributor address; City; State; Zip Code                       |                               |    | Amount of Contribution (\$)                       | \$4.00  |
|   |                              | Flower Mound, TX 75028-3793   |                               |    |   |         |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions    | i) |   |         |
|   | Date<br>10/18/2025           | Full name of contributor out-of-state PAC (ID#: Persad, Sarika  Contributor address; City; State; Zip Code  Houston, TX 77075-4612      |                               |    | Amount of Contribution (\$)                       | \$50.00 |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions    | 5) |   |         |
|   | Date<br>09/30/2025           | Full name of contributor out-of-state PAC (ID#: Perz, Elizabeth  Contributor address; City; State; Zip Code  San Antonio, TX 78240-5368 | )                             |    | Amount of Contribution (\$)                       | \$50.00 |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions    | )  |   |         |
|   |                              |   |                               |    |   |         |

|   | MONET                        | ARY POLITICAL CONTRIBUTIO  | NS                           |        | SCHEDULE  | <b>■ A1</b> |
|---|------------------------------|--|------------------------------|--------|---|-------------|
|   | The Instru                   | ction Guide explains how to complete this fo   | rm.                          | 1      | Total pages Schedule A1:<br>Sch: 19/24 Rpt: 22/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC   |                              | 3      | Filer ID (Ethics Commission 00016271              | Filers)     |
| 4 | Date<br>10/24/2025           | <ul> <li>Full name of contributor</li></ul>  | )                            | 7      | Amount of Contribution (\$)                       | \$100.00    |
|   |                              | Fort Worth, TX 76109-2611  |                              |        |   |             |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | 9 Employer (See Instructions | 5)     |   |             |
|   | Date<br>10/01/2025           | Full name of contributor  out-of-state PAC (ID#:   |                              |        | Amount of Contribution (\$)                       | \$4.00      |
|   | Principal occu               | Odessa, TX 79761-3731 pation / Job title (See Instructions)  | Employer (See Instructions   | .)<br> |   |             |
|   | Pharmacist                   | oution 7 300 title (See manuchons)   | Employer (See manuchons      | ')     |   |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Ricardo, Fernandez  Contributor address; City; State; Zip Code | )                            |        | Amount of Contribution (\$)                       | \$4.00      |
|   |                              | Argyle, TX 76226-1676  |                              |        |   |             |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | i)     |   |             |
|   | Date<br>10/11/2025           | Full name of contributor out-of-state PAC (ID#:  |                              |        | Amount of Contribution (\$)                       | \$60.00     |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | ()     |   |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#:  | )                            |        | Amount of Contribution (\$)                       | \$4.00      |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions   | i)     |   |             |
|   |                              | 1  |                              |        |   |             |

|   | MONEI              | ARY POLITICAL CONTRIBU   | JHONS                        |                | SCHEDUL   | E <b>A1</b> |
|---|--------------------|--|------------------------------|----------------|---|-------------|
|   | The Instru         | ction Guide explains how to complete t                                 | this form.                   | 1              | Total pages Schedule A1:<br>Sch: 20/24 Rpt: 23/29 |             |
| 2 | FILER NAME         |  |                              | 3              | Filer ID (Ethics Commission                       | n Filers)   |
|   | Texas Pharn        | narmacy Association PAC  |                              |                | 00016271  |             |
| 4 | Date<br>09/30/2025 | Full name of contributor   | C (ID#:)                     | 7              | Amount of Contribution (\$)                       | \$50.00     |
|   |                    | 6 Contributor address; City; State; Zip Code Pleasanton, TX 78064-2382 |                              |                |   |             |
| 8 |                    | pation / Job title (See Instructions)                                  | 9 Employer (See Instructions | s)             |   |             |
|   | Pharmacist         |  |                              |                |   |             |
|   | Date               | Full name of contributor  ut-of-state PAC                              | C (ID#:)                     |                | Amount of Contribution (\$)                       |             |
|   | 10/22/2025         | Saavedra, Lauren   |                              |                |   | \$100.00    |
|   |                    | Contributor address; City; State; Zip Code                             |                              | "              |   |             |
|   |                    | Aubrey, TX 76227-3193  |                              |                |   |             |
|   | Principal occu     | pation / Job title (See Instructions)                                  | Employer (See Instructions   | <u>l</u><br>s) |   |             |
|   | Pharmacy Te        |  |                              | ,              |   |             |
|   | Date               | Full name of contributor  out-of-state PAC                             |                              | Т              | Amount of Contribution (\$)                       |             |
|   | 10/01/2025         | Sandra, Talbott  |                              |                | (,,   | \$4.00      |
|   |                    | Contributor address; City; State; Zip Code                             |                              | 1              |   |             |
|   |                    | , ,, , ,   |                              |                |   |             |
|   |                    |  |                              |                |   |             |
|   |                    | Sugar Land, TX 77478-4009  |                              |                |   |             |
|   | Principal occu     | pation / Job title (See Instructions)                                  | Employer (See Instructions   | s)             |   |             |
|   | Pharmacist         |  |                              |                |   |             |
|   | Date               | Full name of contributor  ut-of-state PAC                              | C (ID#:)                     |                | Amount of Contribution (\$)                       |             |
|   | 09/28/2025         | Selby, Kelly   |                              |                |   | \$100.00    |
|   |                    | Contributor address; City; State; Zip Code                             |                              | 1              |   |             |
|   |                    |  |                              |                |   |             |
|   |                    |  |                              |                |   |             |
|   |                    | Denton, TX 76205-8408  |                              |                |   |             |
|   |                    | pation / Job title (See Instructions)                                  | Employer (See Instructions   | s)             |   |             |
|   | Pharmacist         |  |                              |                |   |             |
|   | Date               | Full name of contributor  uut-of-state PAC                             | C (ID#:)                     |                | Amount of Contribution (\$)                       |             |
|   | 10/01/2025         | Sirisha, Kandi   |                              |                |   | \$4.00      |
|   |                    | Contributor address; City; State; Zip Code                             |                              | 7              |   |             |
|   |                    |  |                              |                |   |             |
|   |                    | 0  |                              |                |   |             |
|   | <u> </u>           | Coppell, TX 75019-5985   |                              | <u> </u>       |   |             |
|   |                    | pation / Job title (See Instructions)                                  | Employer (See Instructions   | S)             |   |             |
|   | Pharmacist         |  |                              |                |   |             |
|   |                    |  |                              |                |   |             |
|   |                    |  |                              |                |   |             |

|   | MONET                        | ARY POLITICAL CONTRIBUTIO   | NS                           |   | SCHEDULE  | <b>A1</b> |
|---|------------------------------|---|------------------------------|---|---|-----------|
|   | The Instru                   | ction Guide explains how to complete this fo  | rm.                          | 1 | Total pages Schedule A1:<br>Sch: 21/24 Rpt: 24/29 |           |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC  |                              | 3 | Filer ID (Ethics Commission F 00016271            | -ilers)   |
| 4 | Date<br>10/01/2025           | <ul> <li>Full name of contributor</li></ul>   | )                            | 7 | Amount of Contribution (\$)                       | \$4.00    |
|   |                              | Flower Mound, TX 75028-1466   |                              |   |   |           |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | 9 Employer (See Instructions | ) |   |           |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Stephanie, Joseph  Contributor address; City; State; Zip Code |                              |   | Amount of Contribution (\$)                       | \$4.00    |
|   | Principal occu               | Pearland, TX 77581-8835 pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |           |
|   | Pharmacist                   | ,   | , . , . (                    | , |   |           |
|   | Date<br>10/08/2025           | Full name of contributor out-of-state PAC (ID#: Stephanie, Palmer Contributor address; City; State; Zip Code  | )                            |   | Amount of Contribution (\$)                       | \$4.00    |
|   |                              | Borger, TX 79008-3282   |                              |   |   |           |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |           |
|   | Date<br>10/17/2025           | Full name of contributor out-of-state PAC (ID#:   |                              |   | Amount of Contribution (\$)                       | \$60.00   |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |           |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#:   | )                            |   | Amount of Contribution (\$)                       | \$4.00    |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions   | ) |   |           |
|   |                              | 1   |                              |   |   |           |

|   | MONET                        | ARY POLITICAL CONTRIBUTION   | NS                         |   | SCHEDULE  | <b>■ A1</b> |
|---|------------------------------|--|----------------------------|---|---|-------------|
|   | The Instruc                  | ction Guide explains how to complete this fo   | rm.                        | 1 | Total pages Schedule A1:<br>Sch: 22/24 Rpt: 25/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC   |                            | 3 | Filer ID (Ethics Commission 00016271              | Filers)     |
| 4 | Date<br>10/01/2025           | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Tho, Phan</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                            | 7 | Amount of Contribution (\$)                       | \$4.00      |
| _ |                              | Grand Prairie, TX 75054-6846   |                            |   |   |             |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions | ) |   |             |
|   | Date<br>09/30/2025           | Full name of contributor out-of-state PAC (ID#: Tindall, Andrew  Contributor address; City; State; Zip Code                        | )                          |   | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu               | Houston, TX 77005-3558 pation / Job title (See Instructions)   | Employer (See Instructions | ) |   |             |
|   | Pharmacist                   | salion, out the (eee medicalens)   | Employer (eee metruetiens  | , |   |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: Todd, Reeder  Contributor address; City; State; Zip Code                           | )                          |   | Amount of Contribution (\$)                       | \$4.00      |
|   |                              | Boerne, TX 78006-2998  |                            |   |   |             |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions | ) |   |             |
|   | Date<br>10/24/2025           | Full name of contributor out-of-state PAC (ID#: Tracey, Platin Contributor address; City; State; Zip Code  McKinney, TX 75072-5208 |                            |   | Amount of Contribution (\$)                       | \$4.00      |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions | ) |   |             |
|   | Date<br>09/30/2025           | Full name of contributor out-of-state PAC (ID#: Viola, Emily  Contributor address; City; State; Zip Code  Dallas, TX 75206-6777    | )                          |   | Amount of Contribution (\$)                       | \$50.00     |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)  | Employer (See Instructions | ) |   |             |
|   |                              | 1  |                            |   |   |             |

|   | MONET                        | ARY POLITICAL CONTRIBUTION  | NS                         |                | SCHEDULI  | E <b>A1</b> |
|---|------------------------------|---|----------------------------|----------------|---|-------------|
|   | The Instru                   | uction Guide explains how to complete this form.  |                            |                | Total pages Schedule A1:<br>Sch: 23/24 Rpt: 26/29 |             |
| 2 | FILER NAME<br>Texas Pharn    | nacy Association PAC  |                            | 3              | Filer ID (Ethics Commission 00016271              | n Filers)   |
| 4 | Date 09/26/2025              | <ul> <li>Full name of contributor</li></ul>   | )                          | 7              | Amount of Contribution (\$)                       | \$100.00    |
| _ | 5                            | Tyler, TX 75710-1411  |                            |                |   |             |
| 8 | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions | 5)             |   |             |
|   | Date<br>10/22/2025           | Contributor address; City; State; Zip Code  | )                          |                | Amount of Contribution (\$)                       | \$100.00    |
|   | Principal occu               | Phoenix, AR 85018-2646 pation / Job title (See Instructions)  | Employer (See Instructions | <u> </u><br>;) |   |             |
|   | Executive Di                 | rector  |                            |                |   |             |
|   | Date<br>10/22/2025           | Full name of contributor out-of-state PAC (ID#: Whitt, Sara  Contributor address; City; State; Zip Code                                   | )                          |                | Amount of Contribution (\$)                       | \$50.00     |
|   |                              | San Antonio, TX 78232-5088  |                            |                |   |             |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions | )              |   |             |
|   | Date<br>10/08/2025           | Full name of contributor out-of-state PAC (ID#: William, Cunningham  Contributor address; City; State; Zip Code  Wolfforth, TX 79382-2156 | )                          |                | Amount of Contribution (\$)                       | \$4.00      |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions | ()             |   |             |
|   | Date<br>10/01/2025           | Full name of contributor out-of-state PAC (ID#: William, Skeeler Contributor address; City; State; Zip Code  Austin, TX 78748-3065        | )                          |                | Amount of Contribution (\$)                       | \$4.00      |
|   | Principal occu<br>Pharmacist | pation / Job title (See Instructions)   | Employer (See Instructions | ;)             |   |             |
|   |                              |   |                            |                |   |             |

|   | MONET                        | ARY POLITICAL CONTRIBUTIO  | NS                           |                | SCHEDULI  | E <b>A1</b> |
|---|------------------------------|--|------------------------------|----------------|---|-------------|
|   | The Instru                   | ction Guide explains how to complete this fo   | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 24/24 Rpt: 27/29 |             |
| 2 | FILER NAME<br>Texas Pharr    | macy Association PAC   |                              | 3              | Filer ID (Ethics Commission 00016271              | ı Filers)   |
| 4 | Date<br>10/01/2025           | <ul> <li>Full name of contributor</li></ul>  |                              | 7              | Amount of Contribution (\$)                       | \$4.00      |
| 8 | Principal occu               | Humble, TX 77346-3876  spation / Job title (See Instructions)  | Employer (See Instructions   | ·,<br>         |   |             |
| ° | Pharmacist                   | pation 7 Job title (See instructions)  | e Employer (See Instructions | ·)             |   |             |
|   | Date<br>10/17/2025           | Full name of contributor   | )                            |                | Amount of Contribution (\$)                       | \$15.00     |
|   |                              | Bullard, TX 75757-8239   |                              |                |   |             |
|   | Principal occu<br>Pharmacy T | pation / Job title (See Instructions)<br>echnician   | Employer (See Instructions   | 5)             |   |             |
|   | Date<br>10/05/2025           | Full name of contributor out-of-state PAC (ID#: Wong, Annie Contributor address; City; State; Zip Code  Houston, TX 77039-4120 |                              |                | Amount of Contribution (\$)                       | \$60.00     |
|   | Principal occu               | Ipation / Job title (See Instructions)   | Employer (See Instructions   | <u>l</u><br>5) |   |             |
|   |                              |  |                              |                |   |             |

### MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

| - |   |   |   |                              |                            |  |
|---|---|---|---|------------------------------|----------------------------|--|
|   | The Instruction Guide explains how to complete this form. |   | 1 | Total pages S<br>Sch: 1/1 Rp |                            |  |
| 2 | FILER NAME  |   | 3 | Filer ID                     | (Ethics Commission Filers) |  |
|   | Texas Pharn   | nacy Association PAC                    |   | 00016271                     |                            |  |
| 4 | Date  | 5 Corporation / Labor Organization name | 6 | Amount (\$)                  |                            |  |
| L | 09/30/2025  | Louis Morgan Drugs                      |   |                              | 50.00                      |  |
| Г | Date  | Corporation / Labor Organization name   |   | Amount (\$)                  |                            |  |
|   | 09/30/2025  | Royal Family Pharmacy                   |   |                              | 50.00                      |  |

# NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 29/29 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Pharmacy Association PAC 00016271 Date 5 Corporation / Labor Organization name 6 Amount (\$) 09/30/2025 1,600.00 **Texas Pharmacy Association**