MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00015658

2 Total pages filed: 185

3 COMMITTEE NAME: Texas Medical Association Political Action Committee

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 11/05/2025

Date Hand-delivered or Date Postmarked:

Receipt # / Amount:

Date Processed:

Date Imaged:

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP

401 W. 15th St.

Austin, TX 78701

5 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Mr.	Clayton	

NICKNAME	LAST	SUFFIX
	Stewart	

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

401 W. 15th Street

Austin, TX 78701

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

401 W. 15th Street

Austin, TX 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 370-1365

9 REPORT TYPE

- [X] Monthly
- [ ] 10th day after campaign treasurer termination
- [ ] Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE

[ ] January 5	[ ] April 5	[ ] July 5	[ ] October 5
[ ] February 5	[ ] May 5	[ ] August 5	[X] November 5
[ ] March 5	[ ] June 5	[ ] September 5	[ ] December 5

11 PERIOD COVERED

Month Day Year: 09/26/2025 THROUGH Month Day Year: 10/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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: Rep. Lauren Simmons 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) ☐ check here if this report qualifies for the higher itemization threshold	$ 86.59
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 152,118.49
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 110,898.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 275,867.51
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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC
ADDENDUM

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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 Rep. Mano DeAyala 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.)	
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 Rep. Ann Johnson 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.)	
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 Rep. Hubert Vo 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.)	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC
ADDENDUM

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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	Rep. Armando Walle 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.)		
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	Rep. Ramon Romero 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.)		
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	Sen. Judith Zaffirini State Senator
		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.)		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC
ADDENDUM

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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 Dr. 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.)	
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 Rep. Caroline Fairly 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.)	
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 Rep. Trent Ashby State Senator
		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.)	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC
ADDENDUM

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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	Rep. Claudia Ordaz 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.)		
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	Rep. Liz Campos 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.)		
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	Rep. Nicole Collier 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.)		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC
ADDENDUM

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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	Rep. Cassandra Hernandez 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.)		
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	Rep. Linda Garcia 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.)		
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	Rep. John McQueeney 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.)		

MONTHLY FILING GPAC REPORT: PURPOSE

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12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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	Rep. Vince Perez 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.)		
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	Rep. Aicha Davis 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.)		
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	Rep. Josey Garcia 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.)		

MONTHLY FILING GPAC REPORT: PURPOSE

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12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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	Rep. Mihaela Plesa 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.)		
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	Rep. Janie Lopez 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.)		
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	Rep. John Bryant 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.)		

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
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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 Rep. Salman Bhojani 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.)	
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 Rep. Venton Jones 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.)	
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 Rep. Angelia Orr 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.)	

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12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
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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	Rep. Penny Morales Shaw 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.)		
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	Rep. Rhetta Bowers 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.)		
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	Rep. Keith Bell 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.)		

MONTHLY FILING GPAC REPORT: PURPOSE

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12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
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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	Rep. Jessica Gonzalez 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.)		
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	Rep. Cole Hefner 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.)		
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	Rep. Dustin Burrows 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.)		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC
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12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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 Rep. Morgan Meyer 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.)	
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 Rep. Toni Rose 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.)	
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 Sen. Donna Campbell State Senator
		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.)	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC
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12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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 Rep. Mary Ann Perez 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.)	
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 Rep. Ron Reynolds 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.)	
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 Sen. Charles Schwertner State Senator
		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.)	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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 Rep. Chris Turner 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.)	
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 Rep. Todd Hunter 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.)	
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 Rep. Angie Chen Button 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.)	

MONTHLY FILING GPAC REPORT: PURPOSE

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12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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 Rep. Rafael Anchia 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.)	
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 Sen. Brian Hughes State Senator
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Royce West State Senator
		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.)	

MONTHLY FILING GPAC REPORT: PURPOSE

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12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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 Sen. Pil King State Senator
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Greg Abbott Governor
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Tom Oliverson 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.)	

MONTHLY FILING GPAC REPORT: PURPOSE

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12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	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 Sen. Joan Huffman Attorney General
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - MPAC

FORM MPAC
COVER SHEET PG 3

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
Texas Medical Association Political Action Committee	00015658

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 106,357.14
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	**$**
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$** 1,683.00
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$** 44,078.35
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
9.		SCHEDULE E: LOANS	**$**
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 110,898.50
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
15.		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: 1/147 Rpt: 20/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Abanto, Pedro Ruben Edinburg, TX 78542-4696	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Edinburg Medical Center Inc

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Acebo, Janet Corpus Christi, TX 78414-5842	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/22/2025	Adam, Todd W. Houston, TX 77059-3264	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Coastal Plastic Surgery

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/03/2025	Adkins, Linda Swan Houston, TX 77056-2226	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
TMAA President 2012-13	Texas Medical Association Alliance

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Advanced OBGYN Associates, PA Richardson, TX 75082-3565	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/147 Rpt: 21/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Aghili, Shawn	$99.00
	6 Contributor address; City; State; Zip Code: Spring, TX 77380-3477	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Wael Asi, MD PA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Agostini, Michele	$55.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79109-3519	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/21/2025	Aguirre Flores, Maria Ethel	$99.00
	Contributor address; City; State; Zip Code: El Paso, TX 79903-1559	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Ahmed, Anisa	$99.00
	Contributor address; City; State; Zip Code: Richardson, TX 75081-5138	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/23/2025	Ahuero, Audrey E.	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77027-4018	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Ophthalmic Plastic Surgeons of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/147 Rpt: 22/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/06/2025	Aidinian, Gilbert	$99.00
	6 Contributor address; City; State; Zip Code: El Paso, TX 79932-2626	
8 Principal occupation / Job title (See Instructions): Physician	**9** Employer (See Instructions): Texas Tech University Health Sciences Center - Pau	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Akhtar, Samina	$99.00
	Contributor address; City; State; Zip Code: Mission, TX 78572-1447	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Self Employed	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/06/2025	Akinjaiyeju, Akintoluwa Anthony	$99.00
	Contributor address; City; State; Zip Code: El Paso, TX 79922-1912	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Northeast Cornerstone Pediatrics	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/15/2025	Akram, Novera	$99.00
	Contributor address; City; State; Zip Code: Brownsville, TX 78521-1420	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Mind Body Pediatric Clinic	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Allen, Everett H.	$100.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78212-2318	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Rheumatology Associates of South Texas	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/147 Rpt: 23/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/17/2025	☐ out-of-state PAC (ID#:_____) Allmon, Brent Michael Montgomery, TX 77316-1417	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Woodlands Family Medicine

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	☐ out-of-state PAC (ID#:_____) Almond, Suzanne Corpus Christi, TX 78418-9302	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Almonte-Gonzalez, Jennifer M. McAllen, TX 78504-2164	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Alonso, Javier Corpus Christi, TX 78411-1407	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Texas Vein & Vascular

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Alonso, Nicolas J. Conroe, TX 77304-2353	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Huntsville Family Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/147 Rpt: 24/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/06/2025	Alsafadi, Kutayba	$99.00
	6 Contributor address; City; State; Zip Code: Cypress, TX 77433-7408	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Houston Methodist Willowbrook - Hospitalists

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Amar, Sheila M.	$99.00
	Contributor address; City; State; Zip Code: Austin, TX 78759-7708	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Allergy & Asthma Center of Georgetown, PA

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Anderson, Darla	$55.00
	Contributor address; City; State; Zip Code: Tyler, TX 75703-5714	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Anderson, Howard Eugene	$99.00
	Contributor address; City; State; Zip Code: Desoto, TX 75115-2768	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Anderson Medical Group of TX

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Anderson, Mikala Brooke	$99.00
	Contributor address; City; State; Zip Code: Texarkana, TX 75503-3533	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	ARK-LA-TEXAS Health Network

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 6/147 Rpt: 25/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/02/2025	Anderson, Terrence Michael	$99.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75229-4107	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Envision Healthcare Dallas

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Andreas Nikolaidis M.D., P.A.	$99.00
	Contributor address; City; State; Zip Code: Porter, TX 77365-4205	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/16/2025	Andrews, Sarah E.	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77094-1536	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	GreatCare OBGYN, PLLC

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Andrews, Terri	$55.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76123-2482	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/14/2025	Angobaldo, Jeff Oliver	$99.00
	Contributor address; City; State; Zip Code: Plano, TX 75024-0031	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Renaisssance Plastic Surgery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 7/147 Rpt: 26/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Armstrong, Ryan N.	$99.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77005-4302	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Texas Endovascular Associates

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Aronoff, Ronald Joseph	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75230-5124	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/21/2025	Arumugham, Palaniappan	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75230-1868	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/20/2025	Assouad, Mario	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77054-2029	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Greater Houston Kidney Specialists

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Auer, David E.	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77024-2638	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	David E. Auer, M.D.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 8/147 Rpt: 27/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Augustyniak, Jobeth Ray Sherman, TX 75092	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/27/2025	Aventa, Tony R. Austin, TX 78732-1910	$2,500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Capital Medical Clinic LLP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/23/2025	Bailey, Dolores Annette Rancho Viejo, TX 78575-9633	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/17/2025	Bailey, Susan Rudd Benbrook, TX 76132-1066	$250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/14/2025	Baker, James Elwood Willis, TX 77378-7101	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Baylor St Luke's Medical Group - Conroe

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 9/147 Rpt: 28/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/06/2025	Baker, Patricia Amarillo, TX 79121-1711	$55.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Balderamos, Sofia Fort Worth, TX 76132-7117	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Balsara, Viren J. The Woodlands, TX 77381-4102	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Baylor VA Medical Center

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Banks, Grais Corpus Christi, TX 78414-4183	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Bannister, Denise C. Richardson, TX 75080-2551	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 10/147 Rpt: 29/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Barakat, Ronnie A. Dallas, TX 75235-4313	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	TeamHealth/EMC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/03/2025	Barber, Hollie Fort Worth, TX 76132-4510	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Barcelo, Carlos Raul Murphy, TX 75094-3240	$49.50

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	International Craniofacial Institute

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Bartis, Cristina B. Dallas, TX 75208-3312	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/22/2025	Bartlett, Erica L. Houston, TX 77008-6631	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Enchanted Beauty Plastic Surgery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 11/147 Rpt: 30/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Bassichis, Benjamin Amos	$99.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75229-6301	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	NTENT Network

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Bayless, Robert Eugene	$99.00
	Contributor address; City; State; Zip Code: Westlake, TX 76262-8228	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Precision Orthopedics and Sports Medicine

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/18/2025	Beauchamp, Nancy L.	$55.00
	Contributor address; City; State; Zip Code: Corpus Christi, TX 78404-1847	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Beezley, Jon T.	$99.00
	Contributor address; City; State; Zip Code: Grapevine, TX 76051-6460	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Arlington Emergency Medicine Associates

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/21/2025	Bell, Katherine A.	$99.00
	Contributor address; City; State; Zip Code: Bellaire, TX 77401-4822	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	U.S. Dermatology Partners - Kingwood

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 12/147 Rpt: 31/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/09/2025	Benold, Lori Addison, TX 75001-4954	$55.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Bernstein, Sue San Antonio, TX 78260-3568	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Bhayani, Nikhil Kiran Colleyville, TX 76034-6317	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Infectious Disease Doctors, PA

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Bhuchar, Subodh Kumar Sugar Land, TX 77479-3909	$16.50

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Sugarland Med Ped Clinic, PA

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Bierner, Samuel Michael Elkhorn, NE 68022-4501	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 13/147 Rpt: 32/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/02/2025	Bindingnavele, Pooja Corpus Christi, TX 78412-2620	$55.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
2016-17 County President	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Bindingnavele, Vijay K. Corpus Christi, TX 78412-2620	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Corpus Christi Institute of Cosmetic & Plastic Sur

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Birt, Kelly L. Houston, TX 77018-5228	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Surgery Clinic of Greater Houston, PLLC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Blackburn, David Lawson Boerne, TX 78006-5933	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Victoria Emergency Associates, LLC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	Blackwell, Wess J. La Grange, TX 78945-1262	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	McBroom Clinic PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 14/147 Rpt: 33/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/25/2025	Blanchard, Lawrence D.	$99.00
	6 Contributor address; City; State; Zip Code: Arlington, TX 76003-0129	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/23/2025	Blanco Regional Clinic, PA	$99.00
	Contributor address; City; State; Zip Code: Blanco, TX 78606-4913	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Bleier, Joseph Tracy	$99.00
	Contributor address; City; State; Zip Code: Greenville, TX 75402-5496	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	EmCare Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Blevins, Niska A.	$99.00
	Contributor address; City; State; Zip Code: Wolfforth, TX 79382-3248	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Bloodworth, Donna M.	$99.00
	Contributor address; City; State; Zip Code: Alvin, TX 77511-0410	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Baylor College of Medicine - Physical Medicine & R

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 15/147 Rpt: 34/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Bocanegra, Ruben D. Laredo, TX 78045-8469	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Ruben Bocanegra, MD

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/01/2025	Bohra, Hema Pandya McKinney, TX 75072-4198	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Envision Healthcare Dallas

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/04/2025	Boldt, Veronica San Antonio, TX 78232-1141	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Bonner, Marian E. Houston, TX 77025-4322	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Radiology Partners Houston

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	Borgstedte, Thomas Owen La Grange, TX 78945-1920	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	McBroom Clinic PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 16/147 Rpt: 35/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Boucher, Kent-Andrew San Antonio, TX 78233-5361	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/17/2025	Bourgeois, Keith A. Houston, TX 77005-3931	$250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Downtown Eye Associates

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Boyd, Katherine K. Dallas, TX 75224-1653	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	A Woman's View Womens Healthcare

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Bradley, Jason T. Lubbock, TX 79423-0896	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Caprock Cardiovascular Center, LLP

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/08/2025	Bradley, Richard N. Pearland, TX 77584-7057	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Texas Division of Emergency Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 17/147 Rpt: 36/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Brand, James R. Austin, TX 78704-1409	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Victoria Emergency Associates

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/03/2025	Brand, Lindy D. Leander, TX 78641-3637	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Brandfellner, Heather M. Shavano Park, TX 78230-5619	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Brooke Army Medical Ctr

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/13/2025	Brashear, Benjamin R. Dallas, TX 75204-6138	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/14/2025	Brazoria Neurological Assocaites, P.A. Lake Jackson, TX 77566	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 18/147 Rpt: 37/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/23/2025	Brener, Daniel M. Bellaire, TX 77401-4914	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Dr. Daniel Brener

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Briese, Beau A. Bellaire, TX 77401-5507	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Methodist Main

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Brockie, Robert Edwin Dallas, TX 75254-2814	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Texas Health Heart & Vascular Specialists

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Brodeur, Marilyn Corpus Christi, TX 78418-6440	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Brooks, Charles D. Amarillo, TX 79124-4914	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	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: 19/147 Rpt: 38/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/22/2025	Brotherton, Dana M. Missouri City, TX 77459-6736	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Fort Bend Oral Surgeons

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/04/2025	Brotherton, Peggy P. Fort Worth, TX 76107-3506	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/27/2025	Broussard, Dwane G. Houston, TX 77024-6110	$875.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Kelsey-Seybold Clinic

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Brown, Byron Linus Lubbock, TX 79424-3143	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Brown, Cynthia Ruth Lubbock, TX 79424-3143	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 20/147 Rpt: 39/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/04/2025	Brown, Debby Fort Worth, TX 76107-1503	$55.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/09/2025	Brown, Kelly Rochelle Boerne, TX 78015-5190	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/07/2025	Brown, Ruth Corpus Christi, TX 78404-1741	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Brown-Nembhard, Tonya Renee Beaumont, TX 77706-3021	$16.50

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Beaumont Pediatric Center PLLC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/09/2025	Bruce, Matthew J. Houston, TX 77030-2725	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Younis Cardiology Associates, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 21/147 Rpt: 40/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/05/2025	☐ out-of-state PAC (ID#:_____) Bruening, Brian James Lubbock, TX 79407-5799	$99.00	Physician	Lubbock Diagnostic Radiology
10/05/2025	☐ out-of-state PAC (ID#:_____) Brunt, Amy Lyn College Station, TX 77845-6441	$99.00	Physician	Baylor Scott & White Clinic-College Station Rock P
10/02/2025	☐ out-of-state PAC (ID#:_____) Brusco, Natalia Corpus Christi, TX 78414-6246	$55.00	Business Owner	Business Owner
10/22/2025	☐ out-of-state PAC (ID#:_____) Bubley, Jeffrey Alexander Houston, TX 77019-1793	$99.00	Physician	Radiant Dermatology & Aesthetics
10/05/2025	☐ out-of-state PAC (ID#:_____) Buendia, Francisco I. El Paso, TX 79912-7496	$99.00	Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 22/147 Rpt: 41/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/15/2025	☐ out-of-state PAC (ID#:_____) Bumann, Timothy Paul Abilene, TX 79602-5457	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Burkes, William Sidney Beaumont, TX 77706-4116	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Burton, Allen W. Houston, TX 77025-1211	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	☐ out-of-state PAC (ID#:_____) Bushan, Naga S. Lubbock, TX 79423-6747	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Arthritis & Osteoporosis Associates LLP

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Bushore, David A. Austin, TX 78750-7835	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Balcones Dermatology Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 23/147 Rpt: 42/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/07/2025	Buxton, Lawrence F.	$99.00
	6 Contributor address; City; State; Zip Code: Horseshoe Bay, TX 78657-8215	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/21/2025	C. Ron Byrd, MD PA	$99.00
	Contributor address; City; State; Zip Code: Austin, TX 78746-5662	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	Caccitolo, James	$99.00
	Contributor address; City; State; Zip Code: Tyler, TX 75703-0130	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Christus Cardiothoracic Surgery

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/06/2025	Callender, David L.	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77024-5144	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Memorial Hermann Medical Group

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Callewart, Craig Carter	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75205-2814	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Craig C. Callewart, MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 24/147 Rpt: 43/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/01/2025	Calmes, James Michael Lubbock, TX 79424-4689	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Arthritis & Osteoporosis Assoc., LLP

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/14/2025	Calvary Medical, PA Cleveland, TX 77327-4542	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Calvary Medical, PA Cleveland, TX 77327-4542	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Calvary Medical, PA Cleveland, TX 77327-4542	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Camero, Joseph Porfirio Laredo, TX 78045-8121	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Chess Medical Group LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 25/147 Rpt: 44/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/02/2025	Camp, Kara	$55.00
	6 Contributor address; City; State; Zip Code: Tyler, TX 75703-9326	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Camp, Tammy M.	$99.00
	Contributor address; City; State; Zip Code: Shallowater, TX 79363-6400	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Texas Tech Physician Associates of Lubbock

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Capik, Pamela K.	$99.00
	Contributor address; City; State; Zip Code: Arlington, TX 76017-3524	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	VA North Texas Health Care

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Cardenas, Carlos Javier	$208.34
	Contributor address; City; State; Zip Code: McAllen, TX 78501-3735	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	South Texas Gastroenterology

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/21/2025	Carl Carey Jordan, Jr. MDPA	$99.00
	Contributor address; City; State; Zip Code: Beaumont, TX 77701-4666	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 26/147 Rpt: 45/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/15/2025	Carlyle, David C. The Woodlands, TX 77380-1319	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	First Choice Emergency Room

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Carroll, David John Midland, TX 79701-5846	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Anesthesia Medical Group of the Permian Basin, LLP

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Casimir, Robert T. Houston, TX 77096-3307	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Avail Anesthesia Associates

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Cauthen, Clay A. Austin, TX 78705-1014	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Seton Heart Specialty Care & Transplant Ctr

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Cavazos, Patricia Laredo, TX 78045-1971	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 27/147 Rpt: 46/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/09/2025	Chaffer, Sheldon Clark	$99.00
	6 Contributor address; City; State; Zip Code: Temple, TX 76502-7634	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Coryell Memorial Healthcare System

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Chandna, Harish	$99.00
	Contributor address; City; State; Zip Code: Victoria, TX 77904-3373	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Chanez, James	$50.00
	Contributor address; City; State; Zip Code: Garland, TX 75044-7810	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Medtopia Medical Clinic/MDVIP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Chang, Bill K.	$99.00
	Contributor address; City; State; Zip Code: Friendswood, TX 77546-4183	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Bill K. Chang, MD PA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Charles W Page M.D., PA	$99.00
	Contributor address; City; State; Zip Code: Nacogdoches, TX 75961-4249	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 28/147 Rpt: 47/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/02/2025	Chase, Christel Fort Worth, TX 76126-5194	$55.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
CMSA VP Membership	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/03/2025	Cheema, Muhammad Q. Southlake, TX 76092-1495	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Arlington Nephrology, PA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Cherian, Rany Antony College Station, TX 77845-8391	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Texas Avenue Medical Clinc

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Chike-Obi, Chuma J. Austin, TX 78704-2038	$16.50

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Office of Dr. Chuma J. Chike-Obi

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/27/2025	Childs, Tilden L. Fort Worth, TX 76109-1032	$2,500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	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: 29/147 Rpt: 48/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/15/2025	Chu, Laurence	$33.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78717-3821	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Chun, Christopher Sung Jin	$208.34
	Contributor address; City; State; Zip Code: Dallas, TX 75244-7446	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Epic Pain and Orthopedics

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Clark, Crandon F.	$99.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79159-0358	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	High Plains Radiological Association, LLP

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/15/2025	Clark, Dana G.	$33.00
	Contributor address; City; State; Zip Code: Arlington, TX 76012-5428	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/15/2025	Clark, Justin Wayne	$99.00
	Contributor address; City; State; Zip Code: Lubbock, TX 79424-7361	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Lubbock Dermatology & Skin Cancer Center, LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 30/147 Rpt: 49/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Clark, Priscilla Danielle Richardson, TX 75082-2049	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Allen Anesthesia PA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Clarke, Lawrence R. Houston, TX 77024-4406	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Cleaves, Peggy Corpus Christi, TX 78404-1734	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Cocco, Jennyfer F. Plano, TX 75093-4640	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Dallas Plastic Surgery

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/08/2025	Colbert, Christle D. Leander, TX 78641-2876	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Texas Regional Physicians

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 31/147 Rpt: 50/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/02/2025	Cole, Marci	$55.00
	6 Contributor address; City; State; Zip Code: Abilene, TX 79606-5021	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
CMSA Membership 2019-20	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Collins, Kristen	$55.00
	Contributor address; City; State; Zip Code: Tyler, TX 75701-2901	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/27/2025	Combs, Shanna Marie	$300.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76107-1069	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Cook Children's Physician Network

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Comfort, Kevin P.	$50.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78259-2369	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Kevin P. Comfort, MD, FAAFP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/14/2025	Cone, Howell Anson	$99.00
	Contributor address; City; State; Zip Code: Fredericksburg, TX 78624-4114	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 32/147 Rpt: 51/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/08/2025	Constantine, Fadi C. Dallas, TX 75209-1504	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Cooper Clinic Dallas, TX 75230-2200	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	Crabtree, Robert Norwood Amarillo, TX 79121-1058	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Craig, Berenice Morales Austin, TX 78738-5312	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/24/2025	Crawford, J. Lauren Austin, TX 78737-8709	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Synergy Plastic Surgery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 33/147 Rpt: 52/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/10/2025	Crawford, Kevin Lubbock, TX 79416-4814	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Lubbock Sports Medicine

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Crawford, Laurel Wolfforth, TX 79382-3248	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Crespo, Rodrigo San Antonio, TX 78258-4590	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Medcare Associates, P.A.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Crombet, Ofelia McAllen, TX 78501-9034	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Crowder, J. Douglas Dallas, TX 75231-4017	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 34/147 Rpt: 53/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/12/2025	Cullington, Gayle	$55.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78703-4937	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Currie, Oscar J.	$99.00
	Contributor address; City; State; Zip Code: Beaumont, TX 77706-7635	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Beaumont Bone & Joint Institute

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Dammert, Christi M.	$55.00
	Contributor address; City; State; Zip Code: Austin, TX 78746-7618	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/23/2025	Dang, Joseph M.	$1,000.00
	Contributor address; City; State; Zip Code: Houston, TX 77024-5712	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Memorial Hermann Medical Group - Hospitalists Sout

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/14/2025	Dangler, Lori A.	$99.00
	Contributor address; City; State; Zip Code: Pearland, TX 77584-9488	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	MD Anderson Cancer Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 35/147 Rpt: 54/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/15/2025	Daniels, Herbert Bruce Cleburne, TX 76033-5933	$99.00	Physician	Self Employed
10/05/2025	Danner, Carrie A. Austin, TX 78732-2063	$99.00	Physician	Self Employed
09/27/2025	Darmadi, Daniel H. Houston, TX 77059-5602	$900.00	Physician	Gastroenterology Consultants, PA
10/02/2025	Darmadi, Melisa K. Houston, TX 77059-5602	$55.00	Business Owner	Business Owner
10/02/2025	Davies, Chris Houston, TX 77080-7618	$55.00	Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 36/147 Rpt: 55/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/07/2025	Davis, Brian Richard Corpus Christi, TX 78404-2354	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	CHRISTUS Trinity Clinic

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Davis, Deborah J. Flint, TX 75762-5101	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2015-16 County Alliance President	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Davis, George M. Conroe, TX 77384-1553	$33.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	George M. Davis, MD

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Davis, Marcus Samuel Ovalo, TX 79541-2518	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Hendrick Provider Network - Gastroenterology

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Dayawansa, Dhammie Temple, TX 76502-5771	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 37/147 Rpt: 56/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Del Villar, Ricardo Garcia	$99.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78503-1251	
8 Principal occupation / Job title (See Instructions): Physician	**9** Employer (See Instructions): Self Employed	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Desai, Kunj Kishore	$99.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78258-4431	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): The Hand Center Of San Antonio	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	DiPasquale, John T.	$99.00
	Contributor address; City; State; Zip Code: Longview, TX 75603-9514	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Self Employed	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/01/2025	Diaz, Marlene	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75252-5704	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Plano Wellness PLLC	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Dickey, Nancy W.	$99.00
	Contributor address; City; State; Zip Code: College Station, TX 77845-9644	
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: 38/147 Rpt: 57/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Doan, David T. Richmond, TX 77406-2754	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Child Neurology & Stroke of Houston

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Donahey, Brett Alan McKinney, TX 75070-5222	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Donahue, Angela Fort Worth, TX 76109-3130	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
TMAA President 2014-15	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/24/2025	Doss, Sharon Austin, TX 78731-5710	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Dossa, Mercedes Fort Worth, TX 76132-3578	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 39/147 Rpt: 58/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/15/2025	☐ out-of-state PAC (ID#:_____) Dossett, Lucy McCauley Roanoke, TX 76262-0619	$16.50

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/16/2025	☐ out-of-state PAC (ID#:_____) Dosu, Babatunde I. North Richland Hills, TX 76182-4011	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	☐ out-of-state PAC (ID#:_____) Dotson, Mary Jo San Antonio, TX 78266-2952	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/27/2025	☐ out-of-state PAC (ID#:_____) Dowling, Matt Austin, TX 78701-1672	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director of Public Affairs, Lobbyist	Texas Medical Association

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	☐ out-of-state PAC (ID#:_____) Dragun, Gire Midland, TX 79707-4714	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 40/147 Rpt: 59/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/04/2025	Drummond, Sandi San Antonio, TX 78259-2376	$55.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/14/2025	Dubberly, Danny Lee Corpus Christi, TX 78413-4902	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Dubberly Clinic

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Duhaney, Robert L. Austin, TX 78737-1502	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	One Medical - Austin

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Dunn, Bryan M. Boerne, TX 78015-5169	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Connally Memorial Medical Center

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Dupont, Nefertiti C. Spring, TX 77393-2074	$49.50

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 41/147 Rpt: 60/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of Contribution ($)
10/03/2025	Durham, Andrew Patrick	$55.00
	6 Contributor address; City; State; Zip Code: Fort Worth, TX 76109-2206	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/02/2025	Dye, Julie	$55.00
	Contributor address; City; State; Zip Code: Corpus Christi, TX 78413-5817	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Eads, Gregory L.	$99.00
	Contributor address; City; State; Zip Code: The Woodlands, TX 77381-6263	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	The Women's Center for Well Being, PA

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/15/2025	East Texas Cardiology, PA	$99.00
	Contributor address; City; State; Zip Code: Sugar Land, TX 77478	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/02/2025	Eckmann, Nichole	$55.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78255-2345	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CMSA VP Membership	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 42/147 Rpt: 61/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/15/2025	Edwards, G. Russell Pearland, TX 77584-3962	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Houston Methodist Obstetrics & Gynecology Associat

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/26/2025	Egu, Obiloh E. Houston, TX 77003-1122	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Eidman, Dan K. Houston, TX 77057-1918	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Advanced Surgeons & Physicians Network Inc

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Eidson, Mark Carroll Weatherford, TX 76087-6989	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Eidson, Sarah Weatherford, TX 76087-6989	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2019 County President	Mark C. Eidson, MD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 43/147 Rpt: 62/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/22/2025	Eisenberg, Dennis C.	$99.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75252-7953	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/21/2025	Eisenberg, Lauren N.	$99.00
	Contributor address; City; State; Zip Code: El Paso, TX 79912-3537	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Rio Grande Urology PA

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Ekadi, Kofoworola F.	$300.00
	Contributor address; City; State; Zip Code: Burleson, TX 76028-7214	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Delta Medical, PA

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	El Feki, Amro	$99.00
	Contributor address; City; State; Zip Code: Friendswood, TX 77546-4182	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Clear Lake Brain and Spine Institute

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/15/2025	Elisabeth Noelke, MD PA	$99.00
	Contributor address; City; State; Zip Code: Mertzon, TX 76941	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 44/147 Rpt: 63/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of Contribution ($)
10/05/2025	Ellis, Christopher James	$99.00
	6 Contributor address; City; State; Zip Code: Temple, TX 76502-7904	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/03/2025	Elvin, Mariko	$55.00
	Contributor address; City; State; Zip Code: Corpus Christi, TX 78418-8915	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CMSA Membership 2019-2020	Business Owner

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/15/2025	Escobedo, Diana	$16.50
	Contributor address; City; State; Zip Code: Horizon City, TX 79928-5419	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	St. Andrew's Family Medicine Clinic

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Eska, Terry Fuller	$100.00
	Contributor address; City; State; Zip Code: Gonzales, TX 78629-4733	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Esparza, Ramon	$99.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76109-2755	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Cook Children's Health Care System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 45/147 Rpt: 64/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/20/2025	Evangelina Castaneda, MD, PA Inc Plano, TX 75093-5826	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Evans, Carolyn A. Dallas, TX 75287-4911	$16.50

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	North Dallas Pediatric Assoc.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Farek, Elizabeth L. Corpus Christi, TX 78414-6128	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Fawcett, Michael L. Dallas, TX 75225-6750	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Emergency Medicine Consultants, Ltd.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Feferman, Robert Scott Dallas, TX 75248-5602	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 46/147 Rpt: 65/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/05/2025	Fernandes, Laura S.	$99.00
	6 Contributor address; City; State; Zip Code: Spring, TX 77382-2710	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Woodlands Heart and Vascular Institute PA

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/16/2025	Fidone, George Steven	$99.00
	Contributor address; City; State; Zip Code: Lufkin, TX 75901-7733	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Children's Clinic of Lufkin, PA

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Fillmore, Tyson J.	$99.00
	Contributor address; City; State; Zip Code: Temple, TX 76502-1989	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/02/2025	Fischer, Barbara L.	$25.00
	Contributor address; City; State; Zip Code: Dallas, TX 75234-5205	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Administrative	North Texas SpineCare, LLP

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/02/2025	Fitz, Amy Lynn	$55.00
	Contributor address; City; State; Zip Code: Wolfforth, TX 79382-3201	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 47/147 Rpt: 66/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/19/2025	☐ out-of-state PAC (ID#:_____) Flanagin, Brody Alan Dallas, TX 75238-1842	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Baylor Scott & White Orthopedic Associates of Dall

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Fletcher, Michelle A. The Colony, TX 75056-4904	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Florez, Luisa F. Lubbock, TX 79424-0754	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Fontenot, William Lindsey Longview, TX 75605-7083	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Diagnostic Clinic of Longview

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	☐ out-of-state PAC (ID#:_____) Fort Worth Eye Associates Fort Worth, TX 76107-3606	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 48/147 Rpt: 67/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/02/2025	☐ out-of-state PAC (ID#:_____) Foster, Karin H. Austin, TX 78731-2832	$55.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/23/2025	☐ out-of-state PAC (ID#:_____) France, Ratchnee Rice, TX 75155-0121	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	☐ out-of-state PAC (ID#:_____) Frase, Larry Lynn Longview, TX 75606-3207	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	☐ out-of-state PAC (ID#:_____) Fredrickson, Mark Allan Midland, TX 79707-1350	$49.50

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Midland Memorial Hospital

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Freiler, John Frederick San Antonio, TX 78251-4318	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Premier Allergy of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 49/147 Rpt: 68/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of Contribution ($)
10/17/2025	Friedman, Jeffrey D.	$99.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77024-3105	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Physician	Houston Methodist Institute for Reconstructive Sur

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Fuentes, Jose A.	$300.00
	Contributor address; City; State; Zip Code: Dallas, TX 75206-1910	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Advantage Healthcare

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/10/2025	Galbreath, Tyrone Michael	$99.00
	Contributor address; City; State; Zip Code: Woodway, TX 76712-8851	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Ascencion - Providence Hospital

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/02/2025	Gallagher, Ryan Stuart	$60.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229-3901	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Student	UT Health San Antonio

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/02/2025	Garcia, Rebecca S.	$55.00
	Contributor address; City; State; Zip Code: Brownsville, TX 78526-4096	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2019 County President	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 50/147 Rpt: 69/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Garcia-Rojas, Xavier Spring, TX 77379-3247	$100.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Gardner, Angela Fulgham Grapevine, TX 76051-6453	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	UT Southwestern Medical Center

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	☐ out-of-state PAC (ID#:_____) Garland Eye Associates Garland, TX 75042-7943	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/29/2025	☐ out-of-state PAC (ID#:_____) Garza, Maria Imelda McAllen, TX 78501-1156	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2018-19 CMSA President	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	☐ out-of-state PAC (ID#:_____) Gasper, Stephen G. Carrollton, TX 75010-4901	$33.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 51/147 Rpt: 70/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/06/2025	Gathe, Joseph C. Bellaire, TX 77401-4318	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Geldernick, Mary Elizabeth New Braunfels, TX 78130-4157	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Mary Geldernick

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	Ghaffar, Faryal Abdul Irving, TX 75038-6324	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/07/2025	Gibson, Mary Catherine Houston, TX 77098-4215	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Rheumatology Center of Houston

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/16/2025	Gilcrease, Gary L. San Marcos, TX 78666-1106	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 52/147 Rpt: 71/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Gilmer, William S.	$212.50
	6 Contributor address; City; State; Zip Code: Houston, TX 77005-2613	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	William S. Gilmer, MD, PA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Giralt, Sergio A.	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77005-2333	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Gist, Stephen Elliott	$99.00
	Contributor address; City; State; Zip Code: Garland, TX 75041-4468	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Medical Specialists Associated

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Gobert, Charles Robert	$99.00
	Contributor address; City; State; Zip Code: Columbus, TX 78934-2406	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/23/2025	Gomez, Omar A.	$99.00
	Contributor address; City; State; Zip Code: Keller, TX 76244-7602	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Kid Care Pediatrics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 53/147 Rpt: 72/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Gonzalez, Tomas A.	$300.00
	6 Contributor address; City; State; Zip Code: McAllen, TX 78504-2164	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Gonzalez, Vanessa C.	$33.00
	Contributor address; City; State; Zip Code: Corpus Christi, TX 78414-3013	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Driscoll Children's Urgent Care

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/27/2025	Gonzalez, Victor Hugo	$2,500.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504-6089	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Valley Retina Institute, PA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Goodchild, Ginger Suzanne	$99.00
	Contributor address; City; State; Zip Code: Granbury, TX 76049-4522	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Gordon, Rachel A.	$99.00
	Contributor address; City; State; Zip Code: Spring, TX 77389-4340	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Dermsurgery Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 54/147 Rpt: 73/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Gottesman, Andrew R.	$99.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75248-2954	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Cooper Clinic, PA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Gottimukkala, Sri Bala Ranga Sundara V	$99.00
	Contributor address; City; State; Zip Code: Frisco, TX 75035-4607	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/20/2025	Gould, K. Lance	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77005-2539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	UTMSH - Dept of Cardiovascular Medicine

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Grabski, William J.	$99.00
	Contributor address; City; State; Zip Code: Bullard, TX 75757-7309	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	U.S. Dermatology Partners - East Texas

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Gray, Laura A.	$300.00
	Contributor address; City; State; Zip Code: Austin, TX 78704-1334	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Encompass Health Rehabilitation Hospital of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 55/147 Rpt: 74/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
09/29/2025	☐ out-of-state PAC (ID#:_____) Gray, Sharette Kirsten Austin, TX 78730-4305	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Grebennikov, Vladimir A. Richardson, TX 75080-6215	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	A-Care Medical PA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/22/2025	☐ out-of-state PAC (ID#:_____) Greer, Laura Gay Dallas, TX 75218-4322	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Maternal Fetal Medicine Cons of Dallas

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	☐ out-of-state PAC (ID#:_____) Greer, T. David Henrietta, TX 76365-3226	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	T. David Greer MD and Associates

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/17/2025	☐ out-of-state PAC (ID#:_____) Gregory G. Schwartz, M.D., P.A. Weatherford, TX 76086	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 56/147 Rpt: 75/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of Contribution ($)
10/09/2025	Gregory W. Thompson, MD, PA	San Antonio, TX 78232	$1,000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Grey, Curtis Eric	New Braunfels, TX 78132-4333	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Griffin, William C.	Sonora, TX 76950-7132	$33.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Lillian M Hudspeth Memorial Hospital

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/16/2025	Griffith, Clark W.	Dallas, TX 75230-3112	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Health Central Women's Care-Dallas

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/03/2025	Gross, Lisa	Tyler, TX 75701-4130	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 57/147 Rpt: 76/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Guadalupe Zamora, MD PA	$99.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78702-3406	
8 Principal occupation / Job title (See Instructions)		**9** Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Guha, Sushovan	$99.00
	Contributor address; City; State; Zip Code: Missouri City, TX 77459-3169	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Houston Regional Gastroenterology Institute

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Gulley, Christopher O.	$99.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79124-4985	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Amarillo Medical Specialists LLP

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/07/2025	Gunter, Ryan D.	$10.00
	Contributor address; City; State; Zip Code: Houston, TX 77035-4932	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Houston Colon

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/07/2025	Gunter, Ryan D.	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77035-4932	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Houston Colon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 58/147 Rpt: 77/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/20/2025	Gutierrez, Amy J.	$99.00
	6 Contributor address; City; State; Zip Code: Giddings, TX 78942	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Impact Urgent Care

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Gutierrez, Maureen Shevlin	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75238-1829	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Haden, James Russell	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75220-1907	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	James R. Haden, MD PA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Hahn, Yoav	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75230-2412	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Dallas Ear Institute

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Haidenberg, Jaime	$99.00
	Contributor address; City; State; Zip Code: Plano, TX 75093-5826	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Natan Yaker, MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 59/147 Rpt: 78/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Hakim, Paul Fereidon	$99.00
	6 Contributor address; City; State; Zip Code: Amarillo, TX 79118-9336	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	High Plains Radiological Association

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Haley, Stephanie	$55.00
	Contributor address; City; State; Zip Code: Dallas, TX 75230-5407	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Handley, Melissa Hanson	$99.00
	Contributor address; City; State; Zip Code: Lufkin, TX 75904-0443	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Harrison, Samuel Hills	$99.00
	Contributor address; City; State; Zip Code: Bryan, TX 77802-4309	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Brazos Valley Urology Associates

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Haug, Yvonne Kay	$99.00
	Contributor address; City; State; Zip Code: Fredericksburg, TX 78624-7500	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Mid Texas Health Care Assn, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 60/147 Rpt: 79/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/14/2025	Hawksworth, Shane Alexander	$99.00
	6 Contributor address; City; State; Zip Code: El Paso, TX 79912-7514	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	William Beaumont Army Medical Center-Hos

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Hebeler, Robert F.	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75220-1925	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Robert F. Hebeler, Jr., MD PA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Heil, Thomas Luke	$300.00
	Contributor address; City; State; Zip Code: Dallas, TX 75205-1905	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Physician Partners of America

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Henkes, David Norman	$625.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78209-2221	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Pathology Reference Laboratory, LLC

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Hibbitts, John McCartney	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75225-6931	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Sunnyvale Sports Medicine and Orthopedic Surgery C

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 61/147 Rpt: 80/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/07/2025	Hick, Ryan Walter	$99.00
	6 Contributor address; City; State; Zip Code: Southlake, TX 76092-2533	
8 Principal occupation / Job title (See Instructions): Physician	**9** Employer (See Instructions): ProPath	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Hilmi, John O.	$99.00
	Contributor address; City; State; Zip Code: Wichita Falls, TX 76308-1323	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Titanium Emergency Group, LLP	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/21/2025	Hitchcock, Linda Uhrig	$99.00
	Contributor address; City; State; Zip Code: San Angelo, TX 76904-1536	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Self Employed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Hohnadel, Michael R.	$99.00
	Contributor address; City; State; Zip Code: Harlingen, TX 78550-8279	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Rio Valley Dermatology PA	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/21/2025	Holcomb, John Robert	$300.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78255-3447	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): IMA Clinical Research	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 62/147 Rpt: 81/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Holland, Bradford W.	$208.34
	6 Contributor address; City; State; Zip Code: Waco, TX 76712-7565	
8 Principal occupation / Job title (See Instructions): Physician	**9** Employer (See Instructions): Self Employed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/20/2025	Holsomback, Thomas N.	$99.00
	Contributor address; City; State; Zip Code: Baytown, TX 77520-5768	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Thomas N. Holsomback, MD, PA	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Hommer, Kitty	$55.00
	Contributor address; City; State; Zip Code: Corpus Christi, TX 78412-2667	
Principal occupation / Job title (See Instructions): Business Owner	Employer (See Instructions): Business Owner	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/06/2025	Hong, Chian Huey	$99.00
	Contributor address; City; State; Zip Code: Arlington, TX 76012-3200	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Key- Whitman Eye Center	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Hope, Richard H.	$99.00
	Contributor address; City; State; Zip Code: Lubbock, TX 79424-5111	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Lubbock Dermatology & Skin Cancer Center, LLP	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 63/147 Rpt: 82/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/12/2025	Hopkins, Richard C. Amarillo, TX 79119-6261	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Panhandle Obstetrics and Gynecology

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Hopper, Ken C. Fort Worth, TX 76107-1907	$16.67

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	The Hopper Group-Hopper Health Strategies

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Howell, Daniel L. Houston, TX 77009-7753	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Bayou City Surgical Specialists, PLLC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Huang, Philip P. Dallas, TX 75204-2499	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Dallas County Health & Human Services

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Hubbard, Willie Corpus Christi, TX 78414-2800	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 64/147 Rpt: 83/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Huber, Trevor Kyle	$99.00
	6 Contributor address; City; State; Zip Code: Frisco, TX 75034-6838	
8 Principal occupation / Job title (See Instructions): Physician	**9** Employer (See Instructions): Modera GI	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Hudman, Eugene Victor	$99.00
	Contributor address; City; State; Zip Code: Abilene, TX 79602-5527	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Abilene Physician Group	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Huff, Emmett Sterling	$99.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78253-5467	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): The Emergency Ctr	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/04/2025	Hughes, Charles Von Oden	$99.00
	Contributor address; City; State; Zip Code: Levelland, TX 79336-1289	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Cochran Memorial Hospital	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Humphreys, James Loyd	$208.34
	Contributor address; City; State; Zip Code: Helotes, TX 78023-4492	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Precision Pathology	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 65/147 Rpt: 84/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/27/2025	Hunsaker, Jerry Dean	$2,550.00
	6 Contributor address; City; State; Zip Code: Corpus Christi, TX 78411-1512	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Hunt, Michael G.	$99.00
	Contributor address; City; State; Zip Code: Keller, TX 76262-7352	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Pediatric Eye Specialists, LLP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Hurd, Cheryl Lynn	$99.00
	Contributor address; City; State; Zip Code: Hudson Oaks, TX 76087-3625	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	TCU Burnett School of Medicine

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Hurlbut, Stephen C.	$99.00
	Contributor address; City; State; Zip Code: Weatherford, TX 76088-2025	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Neurology Specialists of North Texas

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Indeyeva, Yula Alexandria	$100.00
	Contributor address; City; State; Zip Code: Austin, TX 78730-1464	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Facial Plastic Surgery of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 66/147 Rpt: 85/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Jacoby, Eric Brian	$99.00
	6 Contributor address; City; State; Zip Code: Plano, TX 75093-7570	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Texas Health Care, P.L.L.C

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/28/2025	Jafarnia, K. Korsh	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77024-5639	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Houston Methodist Orthopedics & Sports Medicine -

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/21/2025	James William Huston, MD PA	$99.00
	Contributor address; City; State; Zip Code: Midland, TX 79707-1402	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Jeffrey, Douglas D.	$99.00
	Contributor address; City; State; Zip Code: Austin, TX 78704-2005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	US Acute Care Solutions

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Jensen, Tammy	$55.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76109-2634	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 67/147 Rpt: 86/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/06/2025	Jerry, Krystal L.	$99.00
	6 Contributor address; City; State; Zip Code: Pearland, TX 77584-4564	
8 Principal occupation / Job title (See Instructions): Physician	**9** Employer (See Instructions): Primary Steps Pediatric Clinic	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Jesudass, Samson W.	$99.00
	Contributor address; City; State; Zip Code: Taylor, TX 76574	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Seton Healthcare Network	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/02/2025	Jones, Cheryl	$55.00
	Contributor address; City; State; Zip Code: Temple, TX 76502-4816	
Principal occupation / Job title (See Instructions): TMAA President 2013-14	Employer (See Instructions): Business Owner	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/12/2025	Jones, Jason Patrick	$99.00
	Contributor address; City; State; Zip Code: Midland, TX 79707-1726	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Self Employed	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Jones, Jay McCutcheon	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75254-7822	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Medical Specialists Associated	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 68/147 Rpt: 87/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/07/2025	Jones, Thomas Russell	$99.00
	6 Contributor address; City; State; Zip Code: Temple, TX 76502-4816	
8 Principal occupation / Job title (See Instructions): Physician	**9** Employer (See Instructions): Baylor Scott & White Health-Central Texas	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Jones, Woodson Scott	$99.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78240-2546	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): UT Health San Antonio	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/21/2025	Jose G Dones MD PA	$99.00
	Contributor address; City; State; Zip Code: Harlingen, TX 78550-8770	
Principal occupation / Job title (See Instructions):	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Jose, Cherrie L.	$125.00
	Contributor address; City; State; Zip Code: Lubbock, TX 79424-1461	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Self Employed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/09/2025	Jussa, Murad Mohammed Ali	$99.00
	Contributor address; City; State; Zip Code: Frisco, TX 75035-1003	
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: 69/147 Rpt: 88/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/06/2025	Kadour Rodriguez, Jacinto Omar Weslaco, TX 78596-5587	$99.00	Physician	Pulmonary & Sleep Center Of The Valley
10/05/2025	Kainer Erwin, Melissa A. El Campo, TX 77437-2871	$99.00	Physician	Melissa A. Kainer Erwin MD PA
10/05/2025	Kainth, Manvinder K. Coppell, TX 75019-2755	$99.00	Physician	Maple Primary Care
10/21/2025	Kaur, Amandeep Frisco, TX 75034-6846	$99.00	Physician	Self Employed
10/05/2025	Kay, Thomas Milton New Braunfels, TX 78130-3921	$50.00	Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 70/147 Rpt: 89/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Kazi, Fareha Abid Frisco, TX 75034-8178	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/23/2025	Kelly, Richard Joseph Crockett, TX 75835-2256	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Kendrick, Brad Thomas Abilene, TX 79602-5456	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Kendrick, Roy B. Rochelle, TX 76872-0098	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/22/2025	Kennedy, Julie E. Dallas, TX 75287-4022	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Baylor Scott & White Dallas Diagnostic Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 71/147 Rpt: 90/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Kennedy, Shane W.	$99.00
	6 Contributor address; City; State; Zip Code: Fort Worth, TX 76123-1893	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Dialysis Associates - Texas Kidney Consultants

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Kerbow, Beverly Musgrove	$55.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78628-6971	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Khalid A. Ghazy, M.D. P.A.	$99.00
	Contributor address; City; State; Zip Code: Laredo, TX 78045-8160	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Khan, Farhan Anwar	$99.00
	Contributor address; City; State; Zip Code: Miami, FL 33165-5648	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Baylor Medical Center At Grapevine

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Khan, Muhammad B.	$99.00
	Contributor address; City; State; Zip Code: Pearsall, TX 78061-3912	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Khan Medical Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 72/147 Rpt: 91/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/09/2025	Khan, Numan A.	$99.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77006-5494	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Youris Cardiology Associates

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/07/2025	Khan, Tania	$99.00
	Contributor address; City; State; Zip Code: Wichita Falls, TX 76310-1773	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	La Magna Health PLLC

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Khauv, Keak C.	$99.00
	Contributor address; City; State; Zip Code: El Paso, TX 79912-8174	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Kim, Sundra S.	$99.00
	Contributor address; City; State; Zip Code: Inglewood, CA 90301-6364	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	CompHealth

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/14/2025	King, Craig Kent	$300.00
	Contributor address; City; State; Zip Code: Longview, TX 75604-2716	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 73/147 Rpt: 92/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/15/2025	☐ out-of-state PAC (ID#:_____) King, David Tyler Laredo, TX 78045-7174	$16.50

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Klaus, Bart D. Columbus, TX 78934-2286	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Klein, Amy Walla Whitesboro, TX 76273-6894	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Amy L. Klein, DO & Associates LLC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Knecht, John George League City, TX 77573-2097	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	CLS Health

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Knopp, Victor C. Katy, TX 77450-5387	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Victor C. Knopp, Jr., MD Family Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 74/147 Rpt: 93/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/02/2025	Kobs, Marilyn Fort Worth, TX 76116-2035	$55.00	Business Owner	Business Owner
10/24/2025	Koehler, Michelle Z. New Braunfels, TX 78132-1675	$300.00	Physician	Self Employed
10/05/2025	Kouyoumjian, Adam L. Frisco, TX 75034-2176	$99.00	Physician	OrthoTexas
10/17/2025	Kridel, Russell W. H. Houston, TX 77005-2204	$625.00	Physician	Facial Plastic Surgery Associates
10/05/2025	Krol, Michael Austin, TX 78750-8313	$99.00	Physician	Austin Geriatric Specialists

☐ out-of-state PAC (ID#:_____)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 75/147 Rpt: 94/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Krueger, Anita Raquel	$99.00
	6 Contributor address; City; State; Zip Code: Southlake, TX 76092-9554	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Ku, Lowell T.	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75229-5571	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Dallas IVF LLC

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/07/2025	Kuban, David L.	$99.00
	Contributor address; City; State; Zip Code: Granbury, TX 76048-2645	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Lakeside Physicians

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Laird, Nicole Allison	$99.00
	Contributor address; City; State; Zip Code: Austin, TX 78739-1940	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Lairmore, Karen	$55.00
	Contributor address; City; State; Zip Code: Shreveport, LA 71106-5500	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2017-18 TMAA President	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 76/147 Rpt: 95/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/26/2025	Lampe, Craig Anthony	$99.00
	6 Contributor address; City; State; Zip Code: Lubbock, TX 79423-1243	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Covenant Health System

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	Lange, Richard Allen	$99.00
	Contributor address; City; State; Zip Code: El Paso, TX 79905-2827	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Texas Tech Univ-El Paso

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Larrier, Deidre R.	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77030-1150	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Baylor - Pediatric Otolaryngology

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Laue, Richard Reardon	$99.00
	Contributor address; City; State; Zip Code: San Marcos, TX 78666-5036	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Texas State University Student Health Center

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	LeSauvage, Joan	$55.00
	Contributor address; City; State; Zip Code: Tyler, TX 75703-4535	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Administrative	Ramsey Fritz Jewels

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 77/147 Rpt: 96/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Lebwohl, Jason Marc	$99.00
	6 Contributor address; City; State; Zip Code: Tyler, TX 75703-5608	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Hospitality Health ER/Precision Emergency Physicia

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Lee, Chevy Chu	$75.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501-1106	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Lee, Daria B.	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77003-3316	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Daria B. Lee, M.D., P.A.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Lee, Susan	$55.00
	Contributor address; City; State; Zip Code: Corpus Christi, TX 78418-9217	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/06/2025	Lemecha, Dorothy E.	$99.00
	Contributor address; City; State; Zip Code: Hockley, TX 77447-3826	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Houston Northwest Emergency Specialists, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 78/147 Rpt: 97/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Lerma, Sammy	$99.00
	6 Contributor address; City; State; Zip Code: Bastrop, TX 78602-3595	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/14/2025	Levy, Steven J.	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77056-3570	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Hillcroft Medical Clinic

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Lewis, Jennifer	$300.00
	Contributor address; City; State; Zip Code: Burton, TX 77835-5777	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
CMSA TMAA Board	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Liedtke, Jennifer G.	$125.00
	Contributor address; City; State; Zip Code: Sweetwater, TX 79556-7917	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Discovery Medical Network

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/21/2025	Lightner Professional Association	$99.00
	Contributor address; City; State; Zip Code: Harlingen, TX 78550-7418	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 79/147 Rpt: 98/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Lockhart, Asa C.	$99.00
	6 Contributor address; City; State; Zip Code: Tyler, TX 75703-0301	
8 Principal occupation / Job title (See Instructions): Physician	**9** Employer (See Instructions): Self Employed	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Loe, Erin K.	$99.00
	Contributor address; City; State; Zip Code: Wichita Falls, TX 76308-4405	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Texoma Rheumatology PLLC	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/13/2025	Lorimer, Carolyn	$55.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76132-4550	
Principal occupation / Job title (See Instructions): Business Owner	Employer (See Instructions): Business Owner	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/14/2025	Lowry, Stephen R.	$99.00
	Contributor address; City; State; Zip Code: Abilene, TX 79606-5607	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Hendrick Provider Network - Anesthesia	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/21/2025	Luna, Jeffrey L.	$99.00
	Contributor address; City; State; Zip Code: Livingston, TX 77351-4007	
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: 80/147 Rpt: 99/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/14/2025	Lyons, Robert Allan	$99.00
	6 Contributor address; City; State; Zip Code: Keller, TX 76248-0267	
8 Principal occupation / Job title (See Instructions): Physician	**9** Employer (See Instructions): Clearview Laser Vision Center	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Macheledt, Janet E.	$100.00
	Contributor address; City; State; Zip Code: Bellaire, TX 77401-4826	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): MD Anderson	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Madi, Sandra	$55.00
	Contributor address; City; State; Zip Code: Rancho Viejo, TX 78575-9409	
Principal occupation / Job title (See Instructions): Business Owner	Employer (See Instructions): Business Owner	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Magee, Michael S.	$99.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76126-4955	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Integrative Emergency Services Residency Program	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Magee, Norma S.	$99.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504-1900	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Allure Dermatology (Norma Magee, MD)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 81/147 Rpt: 100/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/06/2025	Maggart, James R. Conroe, TX 77384-2106	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Surgical Group of the Woodlands

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Magoon, Sheila Marie Harlingen, TX 78550-8138	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	South Texas Physician Alliance

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Mahendra Mahatma, MD PA Irving, TX 75039	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Maier, Kathryn L. Spring, TX 77379-4222	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Dell Children's Medical Group

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Malav, David Lubbock, TX 79407-2887	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Covenant Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 82/147 Rpt: 101/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/17/2025	Marcincuk, Michelle C. Fort Worth, TX 76132-5455	$20.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Cook Children's Physicians Network

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Marsh, William Stevens Belton, TX 76513-7846	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Marshall, C. Perry Tyler, TX 75709-8909	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Solo Practice

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Marshall, Kimberly S. Southlake, TX 76092-1716	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Kimberly Salinas Marshall M.D. P.A.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/08/2025	Martin, James Rick Lufkin, TX 75915-0337	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 83/147 Rpt: 102/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/02/2025	Martinez, Maria Victoria Corpus Christi, TX 78411-1511	$30.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/07/2025	Martinez, Marte A. Laredo, TX 78045-8956	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Marte A Martinez MD, PLLC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Mary Josephine Godinich, MD PA Texas City, TX 77591	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/25/2025	Masciale, Angelica A. Corpus Christi, TX 78413-2731	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/03/2025	Massingill, Debbie Fort Worth, TX 76109-2758	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 84/147 Rpt: 103/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/17/2025	Masters, Patrick Allen	$250.00
	6 Contributor address; City; State; Zip Code: San Antonio, TX 78230-5856	
8 Principal occupation / Job title (See Instructions): Physician	**9** Employer (See Instructions): Gastroenterology Consultants of San Antonio-Medica	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Mathew, Anita	$99.00
	Contributor address; City; State; Zip Code: Carrollton, TX 75007-1601	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Self Employed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/20/2025	Mathur, Monika	$99.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76107-3739	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Self Employed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/20/2025	Matthews, G. Philip	$99.00
	Contributor address; City; State; Zip Code: Arlington, TX 76006-3200	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Self Employed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Maxwell, Laura Katie	$99.00
	Contributor address; City; State; Zip Code: AUSTIN, TX 78759-3732	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Maxwell Psychiatry	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 85/147 Rpt: 104/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	McBride, Alan James	$99.00
	6 Contributor address; City; State; Zip Code: Sherman, TX 75092-7642	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	McCarty, James R.	$99.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76109-3240	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	U.S. Dermatology Partners - North Texas (West)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	McClellan, Ross Keith	$50.00
	Contributor address; City; State; Zip Code: Midway, UT 84049-0954	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Shannon Health System

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	McCurdy, Elizabeth C.	$55.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76132-5457	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/23/2025	McDearmont, Scott Randall	$99.00
	Contributor address; City; State; Zip Code: Sulphur Springs, TX 75482-2210	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Scott McDearmont MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 86/147 Rpt: 105/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	McDonald, John Carl	$99.00
	6 Contributor address; City; State; Zip Code: Hallsville, TX 75650-5022	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Good Shepherd Medical Center

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	McDonald, Margaret S.	$55.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76107-1729	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	McFarlane, Suzanne	$55.00
	Contributor address; City; State; Zip Code: Austin, TX 78731-1417	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	McGehee, Hanna Braden	$99.00
	Contributor address; City; State; Zip Code: Castroville, TX 78009-2761	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	McKeever, Bridget H.	$55.00
	Contributor address; City; State; Zip Code: Corpus Christi, TX 78411-1636	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
TMAA President 2011-2012	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 87/147 Rpt: 106/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/02/2025	McKenna, Rachel Marie Amarillo, TX 79119-1204	$55.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	McKenna, William Robert Harlingen, TX 78552-8989	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	William R. McKenna, MD PA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	McNamara, Katharine E. Rockport, TX 78382-3112	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	McNeel, D'Auan Mount Pleasant, TX 75455-7982	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	McQuillin, Pamela A. Odessa, TX 79765-8520	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	OBGYN Total Healthcare for Women

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 88/147 Rpt: 107/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/09/2025	Medical Arts Internal Medicine, PA	$99.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78705-3376	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Meelhuysen, Delbe DeAnn	$300.00
	Contributor address; City; State; Zip Code: Joshua, TX 76058-0345	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Emergency Medicine Consultants, Ltd.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Mehta, B. Rai	$99.00
	Contributor address; City; State; Zip Code: Arlington, TX 76006-4001	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Arlington Nephrology, PA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/21/2025	Mehta, Deval	$99.00
	Contributor address; City; State; Zip Code: Burleson, TX 76028-0281	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Mehta, Nilay V.	$99.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79106-2109	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	High Plains Radiological Association, LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME: Texas Medical Association Political Action Committee

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4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Mein, Calvin E. San Antonio, TX 78248-1666	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Retina Consultants of Texas

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/10/2025	Menga, Gwendoline N. Spring, TX 77389-4963	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Prime Rheumatology Clinic of Houston

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Merritt, Wesley J. McKinney, TX 75071-5560	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Mestry, Kaustubh Sudhir Frisco, TX 75034-6846	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Metcalf, Priscilla J. Wharton, TX 77488-6844	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Memorial Hermann Medical Group

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Meyer, Evan C.	$99.00
	6 Contributor address; City; State; Zip Code: Wichita Falls, TX 76308-1920	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Titanium Emergency Group, LLP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Michaels, Kelly	$55.00
	Contributor address; City; State; Zip Code: Tyler, TX 75703-0961	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2017-18 County President	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Mihu, Ramona	$50.00
	Contributor address; City; State; Zip Code: Houston, TX 77018-4401	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Heights Rheumatology P.A.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Mikus, J. Ryan	$99.00
	Contributor address; City; State; Zip Code: Victoria, TX 77904-1137	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Milburn, Joseph Leslie	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75225-5223	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	VA North Texas Health Care System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 91/147 Rpt: 110/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Millard, Mark Warren	$99.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75246-2073	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Baylor Scott & White Advanced Lung Disease

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Miller, Elaine K.	$125.00
	Contributor address; City; State; Zip Code: Granbury, TX 76049-2640	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	The Dermatology Spot

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Miller, Sheryl K.	$55.00
	Contributor address; City; State; Zip Code: Richardson, TX 75082-2769	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Minor, Lindsay	$55.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76109-2811	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Mittal, Shilpi	$99.00
	Contributor address; City; State; Zip Code: Forney, TX 75126-6985	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

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	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Moitheennazima, Binusha	$99.00
	6 Contributor address; City; State; Zip Code: Nacogdoches, TX 75965-0536	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Nacogdoches Pulmonary & Sleep

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Monday, Kimberly E.	$208.34
	Contributor address; City; State; Zip Code: Houston, TX 77005-3318	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	UTMSH - Dept of Neurology

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/07/2025	Montgomery, Nancy T.	$55.00
	Contributor address; City; State; Zip Code: Dallas, TX 75214-3546	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Morehead, Charlie A.	$99.00
	Contributor address; City; State; Zip Code: Adkins, TX 78101-0179	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Kids Country Pediatrics

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Moreno, Susan C.	$99.00
	Contributor address; City; State; Zip Code: Rockwall, TX 75032-8446	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Healthcare Clinics

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	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/07/2025	Morgan, Neal R. Dallas, TX 75206-5720	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Baylor Scott & White Hospital Medicine - Dallas

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Morgan, Sherry Austin, TX 78703-1547	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Morris, Sharon Austin, TX 78746-1285	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Muddasani, Pavani Fort Worth, TX 76132-4589	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Texas Health Care, P.L.L.C

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/27/2025	Munoz, Judith A. Houston, TX 77024-6110	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Kelsey-Seybold Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME: Texas Medical Association Political Action Committee

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4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/02/2025	Murphy, Marilyn W.	$55.00
	6 Contributor address; City; State; Zip Code: Sugar Land, TX 77478-3966	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Myers, Douglas P.	$99.00
	Contributor address; City; State; Zip Code: McKinney, TX 75069-4651	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Kidney Care Associates LLP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/27/2025	Myers, John David	$2,500.00
	Contributor address; City; State; Zip Code: Temple, TX 76502-7940	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Baylor Scott & White Health-Central Texas

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/29/2025	Myers, Kevin R.	$99.00
	Contributor address; City; State; Zip Code: Boerne, TX 78006-7015	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	OrthoTexas

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/27/2025	Naeem, Lubna	$270.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78256-2336	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Internal Medicine of Stone Oak

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 95/147 Rpt: 114/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Neavel, Celia B. Austin, TX 78703-1544	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	People's Community Clinic

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/10/2025	Newton, Dennis Elbert Carrollton, TX 75006-4727	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	McGuiness Dermatology & Plastic Surgery

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Nguyen, Jenny N. Houston, TX 77005-3521	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Southeast Texas Urology Associates, LLP

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	Nguyen, PD Julie Pearland, TX 77584-4852	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Diagnostic Pulmonology and Sleep

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Nolan, Steven E. Sugar Land, TX 77479-2503	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Steven E. Nolan, MD

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	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/05/2025	Norman, Alan A. Fort Worth, TX 76109-2041	$99.00	Physician	Pediatric Eye Specialists, LLP
10/17/2025	Norrell, Stacy L. Magnolia, TX 77355-1836	$83.34	Physician	Noble Anesthesia Partners
10/06/2025	Northcutt, Ashley R. Austin, TX 78745-1193	$99.00	Physician	Texas Acute Care Surgery
10/09/2025	O'Connor, Daniel B. Spring, TX 77380-4019	$99.00	Physician	First Choice Emergency Room
10/20/2025	Obstetrics & Gynecology Associates of Laredo Laredo, TX 78041-6838	$99.00		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME: Texas Medical Association Political Action Committee

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4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/20/2025	Obstetrics & Gynecology Associates of Laredo	$99.00
	6 Contributor address; City; State; Zip Code: Laredo, TX 78041-6838	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/20/2025	Obstetrics & Gynecology Associates of Laredo	$99.00
	Contributor address; City; State; Zip Code: Laredo, TX 78041-6838	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Ogeda, Fidel Lopez	$99.00
	Contributor address; City; State; Zip Code: Midland, TX 79707-1371	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Family Care Clinic

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Olson, Eric Lawrence	$99.00
	Contributor address; City; State; Zip Code: Midland, TX 79707-5005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Oquendo Rincon, Marcial Andres	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75244-6418	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Guadalupe Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 98/147 Rpt: 117/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Ortega, Jose M.	$99.00
	6 Contributor address; City; State; Zip Code: Kingwood, TX 77339-3521	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Jose M. Ortega, MD

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Orthopedic Institute of Rio Grande Valley, PA	$99.00
	Contributor address; City; State; Zip Code: Brownsville, TX 78526-0004	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Osterman, Debra M.	$99.00
	Contributor address; City; State; Zip Code: Cypress, TX 77429-6884	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Owen, Kaye Kip	$99.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504-5624	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Doctors Hospital At Renaissance - Edinburg

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Pain, Alison R.	$99.00
	Contributor address; City; State; Zip Code: Cypress, TX 77433-2958	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Next Level Urgent Care

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Pao, Julie Dallas, TX 75214-1904	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Parkland Health

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Parikh, Daksheshkumar R. Victoria, TX 77904-1636	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Daksheshkumar Parikh, MD PA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Park, Betty Jimi Dallas, TX 75229-5401	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Parker, Thornwell Hay Dallas, TX 75252-4909	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Parsley, Kelly A. Granbury, TX 76048-2900	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 100/147 Rpt: 119/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/05/2025	Patel, Nikunjkumar I.	$99.00
	6 Contributor address; City; State; Zip Code: Frisco, TX 75034-6815	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Patel, Riddhi J.	$99.00
	Contributor address; City; State; Zip Code: El Paso, TX 79912-3423	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Texas Tech Univ-El Paso-Residency Program

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Patel, Satin Suryakant	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75225-6751	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Fertility Specialists of Dallas, PA

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Patel, Sundip Harishchandra	$300.00
	Contributor address; City; State; Zip Code: Coppell, TX 75019-2251	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	ENT for Children P.A.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Patel, Vasishta M.	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77030-2112	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 101/147 Rpt: 120/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Patel, Vinodkumar T. Houston, TX 77027-6220	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Vinodkumar Patel, MD

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/08/2025	Payne, Paul Bradley Dallas, TX 75229-3009	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Swiss OB-GYN, LLP

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Pearland Diagnostic Clinic Pearland, TX 77581-4305	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/17/2025	Pearse, Lee Ann Dallas, TX 75244-7703	$208.34

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Pediatric Cardiologists of N TX

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Peckham, Russell M. Austin, TX 78750-2560	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	US Dermatology Partners - Central Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 102/147 Rpt: 121/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Peet, John Joseph Conroe, TX 77304-1707	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Woodlands Gynecology and Aesthetics

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Pekarev, Maxim Fort Worth, TX 76104-2619	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	MP Plastic Surgery PLLC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Pemberton, Amy Tyler, TX 75703-5874	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/23/2025	Perkins, Suzanne Tyler, TX 75703-5722	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Perlman, Joseph M. Spring, TX 77379-2994	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Advanced Plastic Surgery Center

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SCHEDULE A1

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1 Total pages Schedule A1: Sch: 103/147 Rpt: 122/185

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4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Perrin, Davey Melissa Forney, TX 75126-8232	$99.00
8 Principal occupation / Job title (See Instructions): Physician	**9** Employer (See Instructions): Self Employed	
10/10/2025	Peter J Damico MD PA Fort Worth, TX 76116	$99.00
Principal occupation / Job title (See Instructions):	Employer (See Instructions):	
10/02/2025	Peters, DeEtte Bragg Dallas, TX 75225-5428	$55.00
Principal occupation / Job title (See Instructions): Business Owner	Employer (See Instructions): Business Owner	
10/02/2025	Pettibon, Ashley Fort Worth, TX 76109-4302	$55.00
Principal occupation / Job title (See Instructions): Business Owner	Employer (See Instructions): Business Owner	
10/03/2025	Philip, Tina J. Leander, TX 78641-3195	$99.00
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Oakwood Family Medical	

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4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/05/2025	Phillips, Gregory J.	$300.00
	6 Contributor address; City; State; Zip Code: Fort Worth, TX 76104-2221	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Fort Worth Medical Specialists

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Picard, Sarah E.	$99.00
	Contributor address; City; State; Zip Code: Austin, TX 78704-4508	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/07/2025	Pierami Neto, Rubens J.	$99.00
	Contributor address; City; State; Zip Code: Harlingen, TX 78552-6232	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Valley Radiologists & Associates

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/11/2025	Pierce, Jessica L.	$50.00
	Contributor address; City; State; Zip Code: Shavano Park, TX 78231-1515	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Renal Associates, P. A.

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Pinnamaneni, Pavan	$99.00
	Contributor address; City; State; Zip Code: Lufkin, TX 75904-5360	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

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1 Total pages Schedule A1: Sch: 105/147 Rpt: 124/185

2 FILER NAME: Texas Medical Association Political Action Committee

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4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Pinnamaneni, Pramod Lufkin, TX 75904-5360	$99.00

8 Principal occupation / Job title (See Instructions): Physician

9 Employer (See Instructions): East Texas Hematology and Oncology Clinic PA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Pinnow, Jeffery Matthew Odessa, TX 79765-8006	$2,500.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/06/2025	Pivalizza, Penelope J. Flint, TX 75762-2801	$99.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Plagenhoef, Deborah L. Southlake, TX 76092-9645	$300.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Pediatric Dental Anesthesia Assoc.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Pluenneke, Anne Chandler Fredericksburg, TX 78624-2823	$99.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Fredericksburg Eye Associates, PLLC

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1 Total pages Schedule A1: Sch: 106/147 Rpt: 125/185

2 FILER NAME: Texas Medical Association Political Action Committee

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4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/17/2025	Poindexter, David P. Humble, TX 77347-0876	$25.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	David P. Poindexter, MD

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Ponce De Leon, Anne Marie Sugar Land, TX 77479-2554	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/14/2025	Posey, Jonathan N. Austin, TX 78747-1127	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Hays Primary Care

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Poulos, Savvas Costas Harlingen, TX 78550-8138	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Predanic, Mladen Plano, TX 75093-3444	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 107/147 Rpt: 126/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of Contribution ($)
10/05/2025	Quisenberry, Delia M.	$99.00
	6 Contributor address; City; State; Zip Code: Corpus Christi, TX 78412-2663	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Physician	AADI Home Health

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Radimecky, Valen J.	$99.00
	Contributor address; City; State; Zip Code: Denton, TX 76208-1565	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Cook Children's Health Care System

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Rajan, Geeta	$99.00
	Contributor address; City; State; Zip Code: Plano, TX 75093-3863	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Plano Neurology PA

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Ramirez, Rogelio Sergio	$99.00
	Contributor address; City; State; Zip Code: Mission, TX 78572-7479	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	R. Sergio Ramirez MD PA

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Ranelle, Ann E.	$99.00
	Contributor address; City; State; Zip Code: Aledo, TX 76008-4526	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Fort Worth Eye Associates

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2 FILER NAME: Texas Medical Association Political Action Committee

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4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/15/2025	Rashid, Shahid McAllen, TX 78504-2215	$49.50

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	South Texas Clinic For Pain Management, PA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Rathod, Minaxi K. Sherman, TX 75092-4589	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Grayson Medical Consultants

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	Raul A. Pena, M.D., P.A. McAllen, TX 78503	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Ravindran, Jayaraman Flower Mound, TX 75022-6478	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/07/2025	Reagor, Angelique Dallas, TX 75244-6929	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

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4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/21/2025	☐ out-of-state PAC (ID#:_____) Reddy, Himabindu R. Flower Mound, TX 75022-7891	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Lone Star Arthritis & Rheumatology Assoc, PA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Reis, Victor S. Mission, TX 78573-8548	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Hendrick Provider Network - Cardiovascular Surgery

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/14/2025	☐ out-of-state PAC (ID#:_____) Rhoad, Deirdre M. Austin, TX 78703-1952	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/12/2025	☐ out-of-state PAC (ID#:_____) Rice, William H. Austin, TX 78735-6106	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Richardson, Gwyn Galveston, TX 77551-4634	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	MD Anderson Cancer Center

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1 Total pages Schedule A1: Sch: 110/147 Rpt: 129/185

2 FILER NAME: Texas Medical Association Political Action Committee

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4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/15/2025	Richeh, Wael	$99.00
	6 Contributor address; City; State; Zip Code: Rancho Mirage, CA 92270-1646	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Riggins, Richard Randolph	$99.00
	Contributor address; City; State; Zip Code: Jasper, TX 75951-7657	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Ringel, Stephen J.	$99.00
	Contributor address; City; State; Zip Code: Round Rock, TX 78665-2170	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Risinger, David Owen	$99.00
	Contributor address; City; State; Zip Code: Waco, TX 76710-1633	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Baylor Scott & White Hillcrest - X-Ray Physicians

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Rivenes, Scott Richardson	$99.00
	Contributor address; City; State; Zip Code: Sugar Land, TX 77479-3885	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	US Acute Care Solutions - Methodist Sugar Land

MONETARY POLITICAL CONTRIBUTIONS

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4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Rivera, Ramon J. Corpus Christi, TX 78404-1606	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Anesthesiology Associates

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Robare, Samantha J. Magnolia, TX 77355-4591	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/03/2025	☐ out-of-state PAC (ID#:_____) Robertson, Anne Tyler, TX 75701-2910	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Robins, Coby Midland, TX 79705-4434	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Midland Pediatric Associates PLLC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Rockhill, Teresa Ann Denison, TX 75020-3874	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME: Texas Medical Association Political Action Committee

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4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/20/2025	Roden, Sean Kevin	$99.00
	6 Contributor address; City; State; Zip Code: League City, TX 77573-2735	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Red Rose Medical

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Rodriguez, Jose E.	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77024-4747	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Orthopaedic Institute for Spinal Disorders

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Rodriguez, Porfirio Sergio	$99.00
	Contributor address; City; State; Zip Code: Rio Grande City, TX 78582-0832	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Family Health Centers, LLP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Roe, Erin D.	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75205-1892	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Sol Endocrinology

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Roe, Jada Lane	$99.00
	Contributor address; City; State; Zip Code: Midlothian, VA 23112-5314	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Conroe Medical Center Hospital

MONETARY POLITICAL CONTRIBUTIONS

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1 Total pages Schedule A1: Sch: 113/147 Rpt: 132/185

2 FILER NAME: Texas Medical Association Political Action Committee

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4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/22/2025	☐ out-of-state PAC (ID#:_____) Rosen, Robin Susan Colleyville, TX 76034-4622	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	UT Southwestern Medical Center

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/17/2025	☐ out-of-state PAC (ID#:_____) Royer, Christian Frisco, TX 75034-2215	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Baylor Scott & White Orthopedic Associates of Dall

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	☐ out-of-state PAC (ID#:_____) Ruckman, Inga Austin, TX 78735-1847	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Ruibal, Calixto J. Bellaire, TX 77401-3412	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Lawndale Medical Clinic

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	☐ out-of-state PAC (ID#:_____) Ryder, Mary Margaret Tyler, TX 75701-4714	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Administrative	Tyler Urgent Care

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4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Saadeh, Constantine Khalil Amarillo, TX 79109-3515	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Allergy ARTS

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Sadler, John Zell Dallas, TX 75218-4324	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	UT Southwestern Medical Center

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/06/2025	Saenz, Javier Andres Mission, TX 78573-1342	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/06/2025	Saenz, Jorge Weslaco, TX 78596-9602	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Jorge Saenz, MDPA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Salam, Amir Q. Houston, TX 77089-1713	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Houston Methodist Oncology Partners

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4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
09/27/2025	Sam, Mammen A. Pearland, TX 77584-8237	$300.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/07/2025	Sambo, Tracy Elaine Sweetwater, TX 79556-2891	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Rolling Plains Physicians Office

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Sanborn, Cheryl L. Denton, TX 76209-1303	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Sankar, Sudheer K. Houston, TX 77025-1705	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Houston Kidney Care Centers

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Santos, Alberto Corpus Christi, TX 78404-2174	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

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2 FILER NAME: Texas Medical Association Political Action Committee

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4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/15/2025	☐ out-of-state PAC (ID#:_____) Sapkota, Sharmila Fort Worth, TX 76132-4536	$55.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Sarraff, Michelle Ann San Angelo, TX 76904-1701	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Shannon Clinic

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/10/2025	☐ out-of-state PAC (ID#:_____) Sartori, Michele P. Houston, TX 77004-7452	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/04/2025	☐ out-of-state PAC (ID#:_____) Saunders, Ginger Tyler, TX 75701-2909	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/16/2025	☐ out-of-state PAC (ID#:_____) Sayers, Brian S. Austin, TX 78703-2508	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 117/147 Rpt: 136/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/02/2025	☐ out-of-state PAC (ID#:_____) Schackmuth, Sue Abilene, TX 79606-5125	$55.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/14/2025	☐ out-of-state PAC (ID#:_____) Schaening, Orlando Beaumont, TX 77706-7254	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Infectious Diseases Associates, LLP

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	☐ out-of-state PAC (ID#:_____) Schermerhorn, James Edward Dallas, TX 75238-1560	$49.50

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Schmidt, Jason F. Dallas, TX 75225-7428	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Surgical Pathologists of Dallas

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/29/2025	☐ out-of-state PAC (ID#:_____) Schnell, John L. Tyler, TX 75711-2676	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 118/147 Rpt: 137/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/20/2025	Schwirtlich, Lonnie Ray	$99.00
	6 Contributor address; City; State; Zip Code: Corpus Christi, TX 78418-7505	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Physicians Premier Emergency Center

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Seade, Liz	$55.00
	Contributor address; City; State; Zip Code: Austin, TX 78746-7369	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Sedighi, Hooman	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75234-5202	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Sehgal, Supriya	$99.00
	Contributor address; City; State; Zip Code: Plano, TX 75093-8517	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Senyszyn, Richard William	$99.00
	Contributor address; City; State; Zip Code: New Braunfels, TX 78130-3509	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 119/147 Rpt: 138/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/02/2025	Serje-Mercado, Maria Claudia	$55.00
	6 Contributor address; City; State; Zip Code: Brownsville, TX 78526-4096	
8 Principal occupation / Job title (See Instructions): Business Owner	**9** Employer (See Instructions): Business Owner	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Serna, Aime D.	$99.00
	Contributor address; City; State; Zip Code: El Paso, TX 79922-1848	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Self Employed	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/17/2025	Shafron, Lawrence A.	$125.00
	Contributor address; City; State; Zip Code: Dallas, TX 75252-5938	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Advanced Eye Care Center - Denton	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/27/2025	Shah, Jayesh B.	$2,500.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78258-4510	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): South Texas Wound Associates, PA	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Shah, Sheevam A.	$99.00
	Contributor address; City; State; Zip Code: Houston, TX 77018-1822	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Dermatology Center of Northwest Houston	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 120/147 Rpt: 139/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/20/2025	Shamburger, Amber D. Friendswood, TX 77546-3566	$99.00	Physician	Self Employed
10/17/2025	Shannon A. Johnson, MD, PA Rowlett, TX 75030-1250	$99.00		
10/05/2025	Shannon, Gregory L. Houston, TX 77021-1235	$99.00	Physician	Gastroenterology Associates of Texas, PA
10/21/2025	Shashi Dharma, MD PA Irving, TX 75039	$99.00		
10/05/2025	Shelton, Heather P. Fort Worth, TX 76116-8131	$99.00	Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 121/147 Rpt: 140/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Sherman, Paul Michael Boerne, TX 78015-4992	$100.00

8 Principal occupation / Job title (See Instructions): Physician

9 Employer (See Instructions): Wilford Hall 59th Medical Wing

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Shivani H Patel, PA Carrollton, TX 75010-4403	$99.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Short, Kimber Tyler, TX 75703-3892	$55.00

Principal occupation / Job title (See Instructions): Business Owner

Employer (See Instructions): Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Shroll, Joshua Timothy San Antonio, TX 78261-2815	$99.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Tricity Pain Associates-Corp

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/22/2025	Six, Anne Combes, TX 78535-0693	$55.00

Principal occupation / Job title (See Instructions): Business Owner

Employer (See Instructions): Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 122/147 Rpt: 141/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Slayton, James Leonard	$99.00
	6 Contributor address; City; State; Zip Code: Beaumont, TX 77706-3621	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/06/2025	Sloane, Robin B.	$55.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76110-1717	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Smith, Elmer G.	$99.00
	Contributor address; City; State; Zip Code: North Richland Hills, TX 76180-1412	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/02/2025	Smith, Joi	$55.00
	Contributor address; City; State; Zip Code: Tyler, TX 75703-5830	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2019 County President	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/16/2025	Smith, Katelyn E.	$40.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76116-1123	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Obstetrics & Gynecology Associates of Laredo, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 123/147 Rpt: 142/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Smith, Kendra Austin, TX 78739-2051	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/10/2025	☐ out-of-state PAC (ID#:_____) Smith, Melissa Austin, TX 78717-3902	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	☐ out-of-state PAC (ID#:_____) Smith, Steven Lanny Fort Worth, TX 76123-4024	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Steven L. Smith, MD, PA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	☐ out-of-state PAC (ID#:_____) Soldano, Lydia Patterson Austin, TX 78703-1735	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
2016-17 TMAA Resource Liaison	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Sosa, Sameta Fairchild Uvalde, TX 78801-3501	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 124/147 Rpt: 143/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/21/2025	Sosa Rodriguez, Javier E.	$99.00
	6 Contributor address; City; State; Zip Code: Spring, TX 77380-2760	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	South, Eric C.	$99.00
	Contributor address; City; State; Zip Code: College Station, TX 77845-8804	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/14/2025	Southside Women's Center, P.A.	$99.00
	Contributor address; City; State; Zip Code: Corpus Christi, TX 78414-4108	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Spore, Scott Steven	$99.00
	Contributor address; City; State; Zip Code: Lubbock, TX 79416-4805	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Lubbock Urology Clinic LLP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Sridhar, Srikanth	$99.00
	Contributor address; City; State; Zip Code: Sugar Land, TX 77479-1996	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	UTMSH - Dept of Anesthesiology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 125/147 Rpt: 144/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Stahlman, Matthew B.	$25.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78703-1459	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Cardio Texas

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/06/2025	Stavinoha, Michael W.	$40.00
	Contributor address; City; State; Zip Code: Houston, TX 77056-2615	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	UT Physicians Gastroenterology Greater Heights

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Stein, Scott Perry	$99.00
	Contributor address; City; State; Zip Code: Victoria, TX 77904-3300	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Stone, Zachary Thomas	$99.00
	Contributor address; City; State; Zip Code: Celina, TX 75009-3401	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Centennial Pediatrics PA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Story, Elizabeth S.	$99.00
	Contributor address; City; State; Zip Code: Grapevine, TX 76051-6580	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Story Medical, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 126/147 Rpt: 145/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/17/2025	☐ out-of-state PAC (ID#:_____) Story, Herbert B. Dallas, TX 75205-3619	$300.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	USAP (Excel Anesthesia)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/27/2025	☐ out-of-state PAC (ID#:_____) Strate, Susan M. Wichita Falls, TX 76308-4722	$2,500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	North Texas Medical Laboratory

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Strauss, Mark G. Odem, TX 78370-4307	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	CHRISTUS Trinity Clinic-Thomas Spann

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	☐ out-of-state PAC (ID#:_____) Strobel, Gennell DeAn Sherman, TX 75090-5000	$16.50

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	G. Dean Strobel, MD PA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	☐ out-of-state PAC (ID#:_____) Strock, Louis L. Fort Worth, TX 76109-3109	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Louis L. Strock, MD, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 127/147 Rpt: 146/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Stuart, Kyle D. Dallas, TX 75214-4240	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Sports Medicine Clinic of North Texas

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Suarez, Rassull R. Rosharon, TX 77583-1210	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Dow Chemicals Co TX Div

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Sudheer K. Sankar, M.D., P.A. Houston, TX 77074	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Sudheer K. Sankar, M.D., P.A. Houston, TX 77074	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Sulapas, Irvin Houston, TX 77007-4346	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	UT Physicians Family & Community Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 128/147 Rpt: 147/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/15/2025	Sun Eye Care PA	$99.00
	6 Contributor address; City; State; Zip Code: El Paso, TX 79902	
8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Sutherland, Haley D.	$99.00
	Contributor address; City; State; Zip Code: Benbrook, TX 76126-2222	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Physician	TeamHealth/EMC	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Swearingen, Alan B.	$99.00
	Contributor address; City; State; Zip Code: Boerne, TX 78006-4239	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Physician	Advanced Pain Medicine & Rehab	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/27/2025	Swift, Brian T.	$1,000.00
	Contributor address; City; State; Zip Code: Benbrook, TX 76126-2457	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Executive Vice President/CEO	Tarrant County Medical Society	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Szczerba, Arthur Jack	$99.00
	Contributor address; City; State; Zip Code: Wichita Falls, TX 76310-1407	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Physician	Arthur J. Szczerba, MD PA	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 129/147 Rpt: 148/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/14/2025	Tahir, Hamza Saifuddin Spring, TX 77379-7588	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Conroe Medical Center Hospital

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Tamez, Oscar A. Georgetown, TX 78628-6957	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Tejas Ear, Nose and Throat, PA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Tariq, Shabrez Houston, TX 77083-6316	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Houston Spine and Joint Pain Consultants

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Taylor, Constance C. Amarillo, TX 79124-4939	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/21/2025	Taylor, Kristen E. Aledo, TX 76008-1466	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 130/147 Rpt: 149/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/03/2025	Teague, Jill Mina Abilene, TX 79602-5479	$55.00	County Alliance President 2015-16	Business Owner
10/02/2025	Teichelmann, Sara Mc Gregor, TX 76657-3456	$55.00	Business Owner	Business Owner
10/15/2025	Tesfa, Ganana Irving, TX 75063-8413	$16.50	Physician	Neurology Associates of Arlington, PA
10/09/2025	Texas Family Medicine PA La Grange, TX 78945	$99.00		
10/15/2025	Thomas C. Cole, Jr. MD PA Huntsville, TX 77340	$99.00		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 131/147 Rpt: 150/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/09/2025	Thomas, Suchmor League City, TX 77573-6741	$300.00

8 Principal occupation / Job title (See Instructions): Physician

9 Employer (See Instructions): First Choice Emergency of Alvin

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Thompson, Jeffrey B. Beaumont, TX 77701	$33.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Baptist Hospitals of Southeast Texas

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Thoppil, John J. Austin, TX 78732-1644	$300.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): River Place OBGYN

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Tiblier, Eric S. Austin, TX 78731-4541	$99.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Cardiac Clinic of Austin

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Till, Larry P. The Woodlands, TX 77380-2642	$99.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Integrated Emergency Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 132/147 Rpt: 151/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Toler, Gretchen Faye Dallas, TX 75230-2312	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/27/2025	☐ out-of-state PAC (ID#:_____) Tollett, Amanda Austin, TX 78701-1672	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Director of Public Affairs, Lobbyist	Texas Medical Association

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/10/2025	☐ out-of-state PAC (ID#:_____) Tony W. Shallin MD PA Georgetown, TX 78626	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/14/2025	☐ out-of-state PAC (ID#:_____) Toronjo, Walter David Huntsville, TX 77342-1432	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/17/2025	☐ out-of-state PAC (ID#:_____) Torres, Elizabeth Sugar Land, TX 77479-2105	$75.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Premier Internal Medicine Assoc PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 133/147 Rpt: 152/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/25/2025	Tran, Diep Denise Plano, TX 75074-0135	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Tran, Maclong T. Richardson, TX 75082-5604	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Emergency Medicine Consultants, Ltd.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/23/2025	Trang, Diane Ngan Huynh Corpus Christi, TX 78401-3554	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Nueces County Medical Examiners Office

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/22/2025	Trevino, Veronica Edinburg, TX 78539-0125	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/29/2025	Trizna, Kathleen B. Austin, TX 78733-3447	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 134/147 Rpt: 153/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/18/2025	Tuggle, Amee Temple, TX 76502-3067	$55.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/24/2025	Tumu, Hari Austin, TX 78705-1850	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Austin Brain and Spine

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/03/2025	Turner, Ralph J. Tyler, TX 75701-5730	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Tuveson, Anne Terese Dallas, TX 75225-6740	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Dermatology Physicians of Dallas PA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Twahirwa, Marcel Bahimba Edinburg, TX 78539-1417	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Doctors Hospital At Renaissance - Edinburg

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 135/147 Rpt: 154/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/05/2025	☐ out-of-state PAC (ID#:_____) Tyring, Stephen Houston, TX 77058-3714	$99.00	Physician	Dermatology Associates of Texas
10/03/2025	☐ out-of-state PAC (ID#:_____) Ulrich, Nancy Tyler, TX 75707-1672	$55.00	Administrative	East Texas Neurology
10/21/2025	☐ out-of-state PAC (ID#:_____) Urrea, Robert Edward El Paso, TX 79922-2039	$99.00	Physician	Robert E. Urrea, MD PA
10/02/2025	☐ out-of-state PAC (ID#:_____) Urso, Lori Arlington, TX 76016-4156	$55.00	2018-20 TMAA VP of Fiscal Affairs	Business Owner
10/06/2025	☐ out-of-state PAC (ID#:_____) Usman, Asim R. Rockwall, TX 75032-8869	$99.00	Physician	Hunt Memorial Hospital District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 136/147 Rpt: 155/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/02/2025	☐ out-of-state PAC (ID#:_____) Valdes, Todd Victoria, TX 77901-6301	$55.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Van Dorfy, Amy E. Horseshoe Bay, TX 78657-4441	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Live Oak Medicine

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/13/2025	☐ out-of-state PAC (ID#:_____) Vanexan, Elizabeth Corpus Christi, TX 78404-1848	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician Staff	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	☐ out-of-state PAC (ID#:_____) Vassar, Jill H. San Antonio, TX 78209-5439	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	☐ out-of-state PAC (ID#:_____) Vaughan, David B. College Station, TX 77845-4156	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Texas A&M HSC College of Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 137/147 Rpt: 156/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Vickers, Aaron Montgomery Flower Mound, TX 75022-6485	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Victores, Andrew Jacob Beaumont, TX 77707-2400	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Southeast Texas Ear, Nose & Throat Associates

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/09/2025	Viesca, Carlos O. El Paso, TX 79912-6431	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Deacon Carlos Omar Viesca

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/17/2025	Vijjeswarapu, Daniel V. San Antonio, TX 78253-6283	$625.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	CentroMed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Villegas, Roberto Laredo, TX 78045-8159	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 138/147 Rpt: 157/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/17/2025	Vinh, Baominh P.	$99.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77024-4744	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Cy-Pain & Spine

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Vu, Chau M.	$100.00
	Contributor address; City; State; Zip Code: Friendswood, TX 77546-6206	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Chau Vu, MD, PA

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Walker, John Patrick	$300.00
	Contributor address; City; State; Zip Code: Crockett, TX 75835-0481	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Houston County Surgical Associates

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Walsh, Heather Gayle Sutton	$300.00
	Contributor address; City; State; Zip Code: Mineral Wells, TX 76067-1730	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Palo Pinto General Hospital

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/02/2025	Walsh, Sherri	$55.00
	Contributor address; City; State; Zip Code: Houston, TX 77030-4360	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 139/147 Rpt: 158/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/09/2025	Wang, Allen Shawlun Plano, TX 75024-7462	$99.00

8 Principal occupation / Job title (See Instructions): Physician

9 Employer (See Instructions): North Dallas Eye Associates

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/06/2025	Wang, Haihui Pearland, TX 77584-4114	$99.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Rheumatology Center of Houston

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/13/2025	Warthan, Travis Lynn Nacogdoches, TX 75965-6519	$99.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Watkins, Jeremy Paul Fort Worth, TX 76116-0929	$99.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Fort Worth ENT

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/10/2025	Way, Sarah Dallas, TX 75229-4247	$300.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Texas Health Dallas - Presbyterian Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 140/147 Rpt: 159/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/14/2025	Wayne D. Green, MD PA Harlingen, TX 78550-8326	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/12/2025	Wellford, Armistead L. San Antonio, TX 78230-2897	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Heart & Vascular Institute of Texas, P.A.

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/17/2025	Weltge, Arlo F. Bellaire, TX 77401-4826	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	UTMSH - Dept of Emergency Medicine

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Wendl-Aoshima, Brittany Corpus Christi, TX 78412-2676	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	White, Chad Hamlin, TX 79520-2818	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Clearfork Health Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 141/147 Rpt: 160/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	White, David C.	$99.00
	6 Contributor address; City; State; Zip Code: Uvalde, TX 78801-4020	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Sage Family Medicine Associates PA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	White, Steven John	$99.00
	Contributor address; City; State; Zip Code: Dallas, TX 75209-3342	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	USA Plastic Surgery

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/20/2025	Whitman, Jeffrey	$300.00
	Contributor address; City; State; Zip Code: Dallas, TX 75230-3105	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Key Whitman Eye Center, PA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Wilcox, Shana	$55.00
	Contributor address; City; State; Zip Code: Dallas, TX 75219-1642	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Wilder, Debbie	$55.00
	Contributor address; City; State; Zip Code: Austin, TX 78746-1650	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 142/147 Rpt: 161/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/13/2025	Wiley, Robert Donald	$99.00
	6 Contributor address; City; State; Zip Code: Abilene, TX 79605-3908	
8 Principal occupation / Job title (See Instructions): Physician	**9** Employer (See Instructions): Pediatric Associates of Abilene	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/27/2025	Wilhelm, David	$99.00
	Contributor address; City; State; Zip Code: Austin, TX 78701-1672	
Principal occupation / Job title (See Instructions): Administrative Director, Division of Advocacy	Employer (See Instructions): Texas Medical Association	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/19/2025	Wilhelm, David Michael	$300.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79119-6257	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Amarillo Urology Associates	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/07/2025	Wilhelm, Gary Bretz	$99.00
	Contributor address; City; State; Zip Code: Minneapolis, MN 55437-1956	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): Munson Army Health Center	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/09/2025	Williams, Courtney George	$99.00
	Contributor address; City; State; Zip Code: Kemah, TX 77565-2177	
Principal occupation / Job title (See Instructions): Physician	Employer (See Instructions): University of Texas Medical Branch (UTMB)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 143/147 Rpt: 162/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/17/2025	Williams, Paul Brian Longview, TX 75605-7706	$25.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Texas Urology Specialists - Longview

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/13/2025	Williamson, John Beau Huntsville, TX 77340-0053	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/02/2025	Wilson, Jan Austin, TX 78746-4693	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Wilson, Lawrence A. Midland, TX 79708-8006	$125.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	WesTex Urgent Care PLLC

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Wilson, Rick Ken Denton, TX 76205-8495	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Cooper Clinic, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 144/147 Rpt: 163/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/05/2025	Wolkenfeld, Nathaniel Odessa, TX 79765-2239	$99.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Medical Center Hospital

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Wolthoff, Amanda Jo Grapevine, TX 76051-1118	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Amanda Wolthoff, MD PA

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/09/2025	Woodbridge, Ann R. Dallas, TX 75230-2598	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Health Central Women's Care-Dallas

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Woodward, Jan Abilene, TX 79605-4826	$55.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	Business Owner

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/15/2025	Wooming, George Andrew Dallas, TX 75205-5416	$99.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 145/147 Rpt: 164/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
09/27/2025	Wright, Ben Austin, TX 78701-1672	$100.00

8 Principal occupation / Job title (See Instructions): Director of Public Affairs, Lobbyist

9 Employer (See Instructions): Texas Medical Association

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Wright, John B. Port Lavaca, TX 77979-5221	$99.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Port Lavaca Clinic Associates, PA

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Wu, Jennifer D. Houston, TX 77005-1319	$99.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Texas Office Anesthesiology

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/05/2025	Xavier, Joseph R. Paris, TX 75462-8036	$99.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Self Employed

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/06/2025	Yi, Won Houston, TX 77005-2029	$99.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions): Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: Sch: 146/147 Rpt: 165/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/03/2025	Young, Robin Aledo, TX 76008-6905	$55.00	Business Owner	Business Owner
10/09/2025	Younis, George A. Houston, TX 77056-2014	$99.00	Physician	Younis Cardiology Associates, PLLC
10/05/2025	Zamora, Belda Austin, TX 78746-3723	$99.00	Physician	Capitol City Family Practice
10/05/2025	Zanchi, Michael A. Corpus Christi, TX 78411-1411	$99.00	Physician	Northstar Anesthesia - Corpus Christi
10/05/2025	Zeid, Yasser Fahmy Corpus Christi, TX 78404-1706	$2,125.00	Physician	Corpus Christi Medical Center

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SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 147/147 Rpt: 166/185

2 FILER NAME
Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers)
00015658

4 Date
10/05/2025

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Zomnir, Jennifer M.

6 Contributor address; City; State; Zip Code
Prosper, TX 75078-9136

7 Amount of Contribution ($)
$99.00

8 Principal occupation / Job title (See Instructions)
Physician

9 Employer (See Instructions)
Self Employed

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: 167/185

2 FILER NAME: Texas Medical Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015658

4 Date	**5** Corporation / Labor Organization name	**6** Amount ($)
10/15/2025	1st Choice Pediatrics, PLLC	99.00
10/15/2025	1st Choice Pediatrics, PLLC	99.00
10/21/2025	Arthritis Care of Texas	99.00
10/21/2025	Cano Family Medicine Clinic PLLC	99.00
10/15/2025	Dailey Medical Clinic LLC	99.00
10/10/2025	Fredericksburg Eye Associates, PLLC	99.00
10/24/2025	Heart and Vascular Center of North Houston	99.00
10/15/2025	Highlander Surgical Associates PLLC	99.00
10/15/2025	In vogue Total Women's Healthcare, PLLC	99.00
10/24/2025	John G McHenry MD MPH PLLC	99.00
10/15/2025	Katarizo Inc.	99.00
10/20/2025	PCCSS PLLC	99.00
10/20/2025	Paris OBGYN	99.00
10/15/2025	Rich Haskett MD PLLC	99.00
10/20/2025	St. Elizabeth Management Group Inc.	99.00
10/21/2025	Texas Family Wellness Clinic	99.00
10/15/2025	Vik Wall Inc	99.00

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: 168/185
2 FILER NAME Texas Medical Association Political Action Committee	**3** Filer ID (Ethics Commission Filers) 00015658

4 Date	**5** Corporation / Labor Organization name	**6** Amount ($)
10/22/2025	Texas Medical Association	44,078.35

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/17 Rpt:	Texas Medical Association Political Action Committee	00015658

4 Date	5 Payee name
10/08/2025	Aicha Davis Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$500.00	P.O. Box 71
☐ Expenditure from corporate funds	DeSoto, TX 75123

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Aicha Davis, STATE HOUSE 109th TX

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Angelia Orr for Texas House

Amount ($)	Payee address; City; State; Zip Code
$7,500.00	PO Box 337
☐ Expenditure from corporate funds	Itasca, TX 76055

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Angelia Orr, STATE HOUSE 13th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Angie Chen Button for Texas House

Amount ($)	Payee address; City; State; Zip Code
$1,000.00	P.O. Box 832748
☐ Expenditure from corporate funds	Richardson, TX 75083

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Angie Button, STATE HOUSE 112th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/17 Rpt:	Texas Medical Association Political Action Committee	00015658

4 Date	5 Payee name
10/23/2025	Ann Johnson Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$1,000.00	P.O. Box 56386
☐ Expenditure from corporate funds	Houston, TX 77256

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Ann Johnson, STATE HOUSE 134th TX

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Bhojani for Texas

Amount ($)	Payee address; City; State; Zip Code
$500.00	P.O. Box 392
☐ Expenditure from corporate funds	Euless, TX 76039

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Salman Bhojani, STATE HOUSE 92nd TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Bryan Hughes Campaign

Amount ($)	Payee address; City; State; Zip Code
$2,500.00	P.O. Box 450
☐ Expenditure from corporate funds	Mineola, TX 75773

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Bryan Hughes, STATE SENATE 1st TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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: 3/17 Rpt:	2 FILER NAME: Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers): 00015658

4 Date: 10/14/2025

5 Payee name: Caroline Fairly for Texas

6 Amount ($): $1,000.00

☐ Expenditure from corporate funds

7 Payee address; City; State; Zip Code: P.O. Box 20445, Amarillo, TX 79144

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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Caroline Fairly, STATE HOUSE 87th TX

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name | Office sought | Office held

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Date: 10/08/2025

Payee name: Cassandra Hernandez Campaign

Amount ($): $1,000.00

☐ Expenditure from corporate funds

Payee address; City; State; Zip Code: P.O. Box 1289, Addison, TX 75001

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Cassandra Hernandez, STATE HOUSE 115th TX

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name | Office sought | Office held

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Date: 10/08/2025

Payee name: Chris Turner Campaign

Amount ($): $5,000.00

☐ Expenditure from corporate funds

Payee address; City; State; Zip Code: P.O. Box 182093, Arlington, TX 76096

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Chris Turner, STATE HOUSE 96th TX

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name | Office sought | Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/17 Rpt:	Texas Medical Association Political Action Committee	00015658

4 Date	5 Payee name
10/08/2025	Claudia Ordaz for Texas House

6 Amount ($)	7 Payee address; City; State; Zip Code
$500.00	P.O. 71738
☐ Expenditure from corporate funds	El Paso, TX 79917

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Claudia Ordaz, STATE HOUSE 79th TX

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/13/2025	Claudia Ordaz for Texas House

Amount ($)	Payee address; City; State; Zip Code
$500.00	P.O. 71738
☐ Expenditure from corporate funds	El Paso, TX 79917

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Claudia Ordaz, STATE HOUSE 79th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Cole Hefner Campaign

Amount ($)	Payee address; City; State; Zip Code
$500.00	P.O. Box 167
☐ Expenditure from corporate funds	Mount Pleasant, TX 75456

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Cole Hefner, STATE HOUSE 5th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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: 5/17 Rpt:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Texas Medical Association Political Action Committee	00015658

4 Date	5 Payee name
10/08/2025	Donna Campbell Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$5,000.00	P.O. Box 171021
☐ Expenditure from corporate funds	San Antonio, TX 78217

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Donna Campbell, STATE SENATE 25th TX

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Dustin Burrows Campaign

Amount ($)	Payee address; City; State; Zip Code
$2,500.00	PO Box 6170
☐ Expenditure from corporate funds	Lubbock, TX 79493

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Dustin Burrows, STATE HOUSE 83rd TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/13/2025	Elizabeth Liz" Campos Campaign"

Amount ($)	Payee address; City; State; Zip Code
$2,500.00	1028 Rigsby
☐ Expenditure from corporate funds	San Antonio, TX 78210

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Elizabeth Campos, STATE HOUSE 119th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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: 6/17 Rpt:	2 FILER NAME: Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers): 00015658

4 Date: 09/29/2025
5 Payee name: Friends of Tom Oliverson
6 Amount ($): $2,500.00
☐ Expenditure from corporate funds
7 Payee address; City; State; Zip Code: 1 E Greenway Plaza Ste 225, Houston, TX 77046

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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Tom Oliverson, STATE HOUSE 130th TX

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 09/30/2025
Payee name: Greg Abbott Campaign
Amount ($): $10,000.00
☐ Expenditure from corporate funds
Payee address; City; State; Zip Code: P.O. Box 308, Austin, TX 78767

PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Contributions/Donations Made By Candidate/Officeholder/Political Committee
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Greg Abbott, GOVERNOR TX

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 10/23/2025
Payee name: Hubert Vo Campaign
Amount ($): $500.00
☐ Expenditure from corporate funds
Payee address; City; State; Zip Code: P.O. Box 2227, Alief, TX 77411

PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Contributions/Donations Made By Candidate/Officeholder/Political Committee
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Hubert Vo, STATE HOUSE 149th TX

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/17 Rpt:	Texas Medical Association Political Action Committee	00015658

4 Date	5 Payee name
10/08/2025	Janie Lopez Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$500.00	P.O. Box 2073
☐ Expenditure from corporate funds	San Benito, TX 78586

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Janie Lopez, STATE HOUSE 37th TX

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Jessica Gonzalez Campaign

Amount ($)	Payee address; City; State; Zip Code
$5,000.00	P.O. Box 224011
☐ Expenditure from corporate funds	Dallas, TX 75222-4001

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Jessica Gonzalez, STATE HOUSE 104th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	John Bryant Campaign

Amount ($)	Payee address; City; State; Zip Code
$500.00	P.O. Box 140977
☐ Expenditure from corporate funds	Dallas, TX 75214

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense John Bryant, STATE HOUSE 114th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/17 Rpt:	Texas Medical Association Political Action Committee	00015658

4 Date
10/08/2025

5 Payee name
John McQueeney Campaign

6 Amount ($)
$500.00

☐ Expenditure from corporate funds

7 Payee address; City; State; Zip Code
PO Box 100458
Fort Worth, TX 76185

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
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
John McQueeney, STATE HOUSE 97th TX

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date
10/08/2025

Payee name
Josey Garcia for Texas House

Amount ($)
$500.00

☐ Expenditure from corporate funds

Payee address; City; State; Zip Code
110 E. Houston Street
7th Floor, Box 176
San Antonio, TX 78205

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Josey Garcia, STATE HOUSE 124th TX

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date
10/21/2025

Payee name
Judith Zaffirini Campaign

Amount ($)
$2,500.00

☐ Expenditure from corporate funds

Payee address; City; State; Zip Code
PO Box 627
Laredo, TX 78042-0627

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Contributions/Donations Made By Candidate/Officeholder/Political Committee

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Judith Zaffirini, STATE SENATE 21st TX

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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: 9/17 Rpt:	2 FILER NAME: Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers): 00015658

4 Date	5 Payee name
10/08/2025	Keith Bell Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$500.00	P.O. Box 1178
☐ Expenditure from corporate funds	Forney, TX 75126

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Keith Bell, STATE HOUSE 4th TX

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/23/2025	Lauren Simmons Campaign

Amount ($)	Payee address; City; State; Zip Code
$1,000.00	PO Box 56386
☐ Expenditure from corporate funds	Houston, TX 77256

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Lauren Simmons, STATE HOUSE 146th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Linda For Texas

Amount ($)	Payee address; City; State; Zip Code
$500.00	1908 Haddock Drive
☐ Expenditure from corporate funds	Mesquite, TX 75149

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Linda Garcia, STATE HOUSE 107th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/17 Rpt:	Texas Medical Association Political Action Committee	00015658

4 Date	5 Payee name
10/23/2025	Mano DeAyala Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$500.00	12335 Kingsride Lane #416
☐ Expenditure from corporate funds	Houston, TX 77024

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Mano DeAyala, STATE HOUSE 133rd TX

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Mary Ann Perez Campaign

Amount ($)	Payee address; City; State; Zip Code
$500.00	7007 Gulf Freeway, Suite 125
☐ Expenditure from corporate funds	Houston, TX 77087

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Mary Perez, STATE HOUSE 144th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Mihaela Plesa Campaign

Amount ($)	Payee address; City; State; Zip Code
$500.00	P.O. Box 796311
☐ Expenditure from corporate funds	Dallas, TX 75248

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Mihaela Plesa, STATE HOUSE 70th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/17 Rpt:	Texas Medical Association Political Action Committee	00015658

4 Date	5 Payee name
10/08/2025	Morgan Meyer for Texas House

6 Amount ($)	7 Payee address; City; State; Zip Code
$1,000.00	3838 Oak Lawn Avenue #400 Dallas, TX 75219
☐ Expenditure from corporate funds	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Morgan Meyer, STATE HOUSE 108th TX

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/09/2025	Nicole Collier Campaign

Amount ($)	Payee address; City; State; Zip Code
$5,000.00	101 S. Jennings Suite 103C Fort Worth, TX 76104
☐ Expenditure from corporate funds	

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Nicole Collier, STATE HOUSE 95th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Penny Shaw Campaign

Amount ($)	Payee address; City; State; Zip Code
$500.00	P.O. Box 925652 Houston, TX 77292
☐ Expenditure from corporate funds	

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Penny Shaw, STATE HOUSE 148th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/17 Rpt:	Texas Medical Association Political Action Committee	00015658

4 Date	5 Payee name
10/02/2025	Phil King Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$2,500.00	P.O. Box 1913
☐ Expenditure from corporate funds	Weatherford, TX 76086

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Phil King, STATE SENATE 10th TX

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Rafael Anchia Campaign

Amount ($)	Payee address; City; State; Zip Code
$500.00	P.O. Box 4468
☐ Expenditure from corporate funds	Dallas, TX 75208

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Rafael Anchia, STATE HOUSE 103rd TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Ramon Romero Campaign

Amount ($)	Payee address; City; State; Zip Code
$1,000.00	P.O. Box 181
☐ Expenditure from corporate funds	Fort Worth, TX 76101

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Ramon Romero, STATE HOUSE 90th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/17 Rpt:	Texas Medical Association Political Action Committee	00015658

4 Date	5 Payee name
10/22/2025	Ramon Romero Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$2,000.00	P.O. Box 181
☐ Expenditure from corporate funds	Fort Worth, TX 76101

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Ramon Romero, STATE HOUSE 90th TX

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/14/2025	Ray Callas Campaign

Amount ($)	Payee address; City; State; Zip Code
$5,000.00	5815 Walden Road PO Box 20032
☐ Expenditure from corporate funds	Beaumont, TX 77720

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Ray Callas, STATE HOUSE 21st TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Rhetta Andrews Bowers Campaign

Amount ($)	Payee address; City; State; Zip Code
$500.00	3526 Lakeview Parkway Ste. B #211
☐ Expenditure from corporate funds	Rowlett, TX 75088

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Rhetta Bowers, STATE HOUSE 113th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/17 Rpt:	Texas Medical Association Political Action Committee	00015658

4 Date	5 Payee name
10/08/2025	Ron Reynolds Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$500.00	6140 Hwy 6 South #233
☐ Expenditure from corporate funds	Missouri City, TX 77459

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Ron Reynolds, STATE HOUSE 27th TX

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Royce West Campaign

Amount ($)	Payee address; City; State; Zip Code
$1,000.00	320 S R.L. Thornton Fwy Suite 220
☐ Expenditure from corporate funds	Dallas, TX 75203-1804

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Royce West, STATE SENATE 23rd TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Texans for Charles Schwertner

Amount ($)	Payee address; City; State; Zip Code
$5,000.00	P.O. Box 2448
☐ Expenditure from corporate funds	Georgetown, TX 78627

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Charles Schwertner, STATE SENATE 5th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 15/17 Rpt:	Texas Medical Association Political Action Committee	00015658

4 Date	5 Payee name
10/10/2025	Texas Medical Assoc

6 Amount ($)	7 Payee address; City; State; Zip Code
$2,053.06	401 W. 15th Street
☐ Expenditure from corporate funds	Austin, TX 78701

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Charles Schwertner MD - STATE SENATE/005 InKind For Fundraising Event

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/10/2025	Texas Medical Assoc

Amount ($)	Payee address; City; State; Zip Code
$2,053.05	401 W. 15th Street
☐ Expenditure from corporate funds	Austin, TX 78701

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Joan Huffman - ATTORNEY GENERAL/ InKind For Fundraising Event

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/10/2025	Texas Medical Assoc

Amount ($)	Payee address; City; State; Zip Code
$3,792.39	401 W. 15th Street
☐ Expenditure from corporate funds	Austin, TX 78701

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Donna Campbell - STATE SENATE/25 InKind For Fundraising Event

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 16/17 Rpt:	Texas Medical Association Political Action Committee	00015658

4 Date	5 Payee name
10/23/2025	The Armando Walle Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$1,000.00	3401 Louisiana, Ste. 250
☐ Expenditure from corporate funds	Houston, TX 77002

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Armando Walle, STATE HOUSE 140th TX

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Todd Hunter Campaign

Amount ($)	Payee address; City; State; Zip Code
$5,000.00	445 Cape Henry
☐ Expenditure from corporate funds	Corpus Christi, TX 78412

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Todd Hunter, STATE HOUSE 32nd TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Toni Rose Campaign

Amount ($)	Payee address; City; State; Zip Code
$5,000.00	P.O. Box 41867
☐ Expenditure from corporate funds	Dallas, TX 75241

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Toni Rose, STATE HOUSE 110th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 17/17 Rpt:	Texas Medical Association Political Action Committee	00015658

4 Date	5 Payee name
10/14/2025	Trent Ashby Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$8,000.00	P.O. Box 412 Lufkin, TX 75902
☐ Expenditure from corporate funds	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Trent Ashby, STATE HOUSE 57th TX

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Venton For Texas

Amount ($)	Payee address; City; State; Zip Code
$1,000.00	1075 Griffin St. West Suite 212 Dallas, TX 75215
☐ Expenditure from corporate funds	

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Venton Jones, STATE HOUSE 100th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Vince Perez Campaign

Amount ($)	Payee address; City; State; Zip Code
$1,000.00	PO Box 71309 El Paso, TX 79917
☐ Expenditure from corporate funds	

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Vince Perez, STATE HOUSE 77th TX

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held