#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 185 00015658 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Medical Association Political Action Committee Date Received **ELECTRONICALLY FILED** 11/05/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 W. 15th St. Austin, TX 78701 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Clayton NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Stewart CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 401 W. 15th Street STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 401 W. 15th Street MAILING **ADDRESS** Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 370-1365 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 December 5 September 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2025 10/25/2025

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## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Medical Associa	ation Political Action Cor	mmittee	00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Lauren Simmons State F	Representativ	е
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	86.59
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	152,118.49
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	110,898.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	275,867.51
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the a	accompanying report is d to be reported by me
		Mr Clayt	on Stewart	
		Signature of Ca		irer
AFFIX NOTAR	Y STAMP / SEAL ABOVE	-		
Sworn to and subscribe	d before me, by the said	, th	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of office	cer administering oath

12 COMMITTEE NAME Texas Medical Association	n Political Action Cor	amittoo		<b>13</b> Filer ID 00015658	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Mano DeAyala State Rep		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. Ann Johnson State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. Hubert Vo State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed			
		В. Орроѕеи			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

12 COMMITTEE NAME	- Delitical Action Con-			13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	1 Political Action Con	ımıttee		00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Armando Walle State	e Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if				
	applicable, classify by party.)	<u> </u>			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ramon Romero Stat	e Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Sen. Judith Zaffirini State	Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted				
	(Identify by name or, if				

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12 COMMITTEE NAME	a Delitical Action Con			13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	1 Political Action Com	ımıttee		00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dr. Ray Callas State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Caroline Fairly State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. Trent Ashby State Senat	tor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME	a Delitical Action Com	amittaa		<b>13</b> Filer ID 00015658	(Ethics Commission Filers)
Texas Medical Association  14 COMMITTEE	Candidates	A. Supported	Rep. Claudia Ordaz State R		
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Rep. Liz Campos State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. Nicole Collier State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted				
	(Identify by name or, if	I			

12 COMMITTEE NAME	n Delitical Action Con	amittaa		13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	1 Political Action Com	ımıttee		00015658	1
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Cassandra Hernandez St	ate Representa	ative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Linda Garcia State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. John McQueeney State R	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if				
	I (Identity by name or it				

12 COMMITTEE NAME	Dalitical Action Com			13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	Political Action Con	nmittee		00015658	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Vince Perez State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Aicha Davis State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Josey Garcia State R	Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if				

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12 COMMITTEE NAME	n Delitical Action Con	itto o		13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	1 Political Action Com	ımıttee		00015658	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Mihaela Plesa State Repro	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if				
	applicable, classify by party.)	<u> </u>			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Janie Lopez State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Rep. John Bryant State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if				

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12 COMMITTEE NAME Texas Medical Association	n Political Action Com	nmittee	13 Filer ID (Ethics Commission Filers) 00015658
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Salman Bhoja	ni State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)		
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Venton Jones	State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Angelia Orr S	tate Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	Officeholders     Assisted		

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Texas Medical Association Political Action Committee  1. Candidates Activity B. Opposed  2. Measures (Documents by dates and locator of relation and mater of reacts) B. Opposed  3. Officeholders Assisted Bothley years or if personal country of relation and mater of reacts) B. Opposed  COMMITTEE ACTIVITY Activity Activity Activity Activity Activity Activity B. Opposed  B. Opposed  Paper los complete this report if necessary.)  2. Measures (Documents by dates and location of relation and mater of reacts)  Activity B. Opposed  B. Opposed  B. Opposed  COMMITTEE  ACTIVITY  A Supported  Committee of reacts  B. Opposed  B. Opposed  B. Opposed  COMMITTEE  ACTIVITY  Committee  Committee  A Supported  Committee  Committee  Committee  A Supported  Committee  Committee  A Supported  B. Opposed  B. Opposed  Committee  Committee  Committee  A Supported  Committee  Committee  A Supported  Committee  Committee  A Supported  B. Opposed  Committee  Committee  A Supported  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed	12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
(Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Describe thy take and location of resource.  Committee of council in necessary.)  COMMITTEE ACTIVITY  Describe this report if necessary.)  A. Supported Rep. Rhetta Bowers State Representative described in the paper to complete this report if necessary.  COMMITTEE ACTIVITY  Describe by date and location of section and relative of roses.)  A. Supported Rep. Rhetta Bowers State Representative described in the paper to complete this report if necessary.)  COMMITTEE ACTIVITY  A. Supported Rep. Rhetta Bowers State Representative described in the paper to complete this report if necessary.)  A. Supported Rep. Rhetta Bowers State Representative described in the paper to complete this report if necessary.)  A. Supported Rep. Rhetta Bowers State Representative described in the paper to complete this report if necessary.)  A. Supported Rep. Rhetta Bowers State Representative described in the paper to complete this report if necessary.)  A. Supported Rep. Reith Bell State Representative described in the paper to complete this report if necessary.)  B. Opposed  A. Supported Rep. Keith Bell State Representative described in the paper to complete this report if necessary.)  B. Opposed  B. Opposed		n Political Action Com	nmittee			00015658	
paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Describe by date and location of election and nature of issue.)  8. Opposed  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  8. Opposed  B. Opposed  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  COMMITTEE (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  COMMITTEE (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  COMMITTEE (Describe by date and location of election and nature of issue.)  B. Opposed  COMMITTEE (Describe by date and location of election and nature of issue.)  B. Opposed  COMMITTEE (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed		(Identify by name or, if		Rep. Penny Mo	orales Shaw Stat	te Representativ	/e
Describe by date and nature of issue	paper to complete this		B. Opposed				
3. Officeholders Assisted (deemity by mane or, if applicable, classify by party).  A Supported Rep. Rhetta Bowers State Representative (detach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and rative of tasser)  2. Measures (Describe by date and rative of tasser)  3. Officeholders Assisted (definity by mane or, if applicable, classify by party).  COMMITTEE ACTIVITY  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  1. Candidates (Indemthy by mane or, if applicable, classify by party).  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and family of the party).  A Supported Rep. Keith Bell State Representative (Indemthy by mane or, if applicable, classify by party).  B. Opposed  2. Measures (Describe by date and nature of issue).  B. Opposed  3. Officeholders A Supported B. Opposed  B. Opposed  3. Officeholders A Supported B. Opposed  B. Opposed		(Describe by date and location of election and	A. Supported				
Assisted (Identity by name or, if applicable, classify by parry.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  A. Supported Rep. Rhetta Bowers State Representative (Identity by name or, if applicable, classify by parry.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identity by name or, if applicable, classify by parry.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  A. Supported Rep. Rhetta Bowers State Representative (Identity by name or, if applicable, classify by parry.)  A. Supported Rep. Rhetta Bowers State Representative (Identity by name or, if applicable, classify by parry.)  B. Opposed  3. Officeholders Activity  A. Supported Rep. Keith Bell State Representative (Identity by name or, if applicable, classify by parry.)  B. Opposed  A. Supported Rep. Keith Bell State Representative (Identity by name or, if applicable, classify by parry.)  A. Supported Rep. Keith Bell State Representative (Identity by name or, if applicable, classify by parry.)  A. Supported Rep. Keith Bell State Representative (Identity by name or, if applicable, classify by parry.)  B. Opposed  3. Officeholders  A. Supported Rep. Keith Bell State Representative (Identity by name or, if applicable, classify by parry.)  B. Opposed  B. Opposed			B. Opposed				
(Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and foatine of issue.)  3. Officeholders ASSISTED ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and foatine of issue.)  B. Opposed  B. Opposed  A. Supported  B. Opposed  A. Supported  Rep. Keith Bell State Representative  (dentify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed		Assisted (Identify by name or, if					
paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  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.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Opposed  A. Supported Rep. Keith Bell State Representative  B. Opposed  B. Opposed  B. Opposed  A. Supported Rep. Keith Bell State Representative  (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  3. Officeholders  A. Supported  B. Opposed		(Identify by name or, if		Rep. Rhetta Bo	owers State Rep	resentative	
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed	paper to complete this		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.)  2. Measures (Describe by date and location of election and nature of rissue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  B. Opposed		(Describe by date and location of election and	A. Supported				
Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported  Rep. Keith Bell State Representative  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  3. Officeholders			B. Opposed				
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  A. Supported  B. Opposed		Assisted (Identify by name or, if					
paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders		1		Rep. Keith Bell	State Represen	itative	
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders	paper to complete this		B. Opposed				
3. Officeholders		(Describe by date and location of election and	A. Supported				
			B. Opposed				
		Assisted					
(Identify by name or, if applicable, classify by party.)		applicable, classify by party.)					

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Texas Medical Association Political Action Committee  1. Condidates 1. Condidates 1. Condidates 1. Condidates 1. Condidates 1. Condidates 1. Complete this 1. Condidates 2. Measures 1. Committee 2. Measures 1. Condidates 2. Committee 3. Officeholders 3. Officeholders 4. Supported 1. Condidates 2. Committee 3. Officeholders 4. Supported 4. Supported 5. Opposed  2. Measures 6. Opposed  8. Opposed  8. Opposed  8. Opposed  9. Opposed  1. Condidates 1. Cond	12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Attach lists on plain paper to complete this report if necessary.)  A. Supported  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed  A. Supported  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed  A. Supported  (B. Opposed  B. Opposed		n Political Action Com	nmittee		00015658	
2. Measures (Describe by date and tecesion of escellan and rothers of lease)  3. Officeholders Assisted (Describe by an and or, or, displicable, classify by party)  COMMITTEE ACTIVITY  1. Candidates (Attach lists on plain paper to complete this report of receils and forther of feciliary)  2. Measures (Describe by date and forther of feciliary)  2. Measures (Describe by date and forther of feciliary)  3. Officeholders Assisted (Describe by date and forther of feciliary)  3. Officeholders Assisted (Describe by date and forther of feciliary)  4. Supported  COMMITTEE ACTIVITY  2. Measures (Describe by date and forther of feciliary)  3. Officeholders Assisted (Describe by date and forther of feciliary)  4. Supported (Describe by date and forther of feciliary)  5. Opposed  3. Officeholders Assisted (Describe by date and forther of feciliary)  4. Supported (Describe by date and forther of feciliary)  5. Opposed  2. Measures (Describe by date and forther of feciliary)  6. Opposed  2. Measures (Describe by date and forther of feciliary)  6. Opposed  2. Measures (Describe by date and forther of feciliary)  7. Measures (Describe by date and forther of feciliary)  8. Opposed  3. Officeholders Assisted (Describe by date and forther of feciliary)  8. Opposed  3. Officeholders Assisted (Describe by date and forther of feciliary)  9. Opposed  3. Officeholders Assisted (Describe by date and forther of feciliary)  10. Opposed		(Identify by name or, if		Rep. Jessica Gonzalez State	Representative	
Committee	paper to complete this		B. Opposed			
3. Officeholders Assisted (deemby by parame or, if applicable, classify by party).  A Supported Rep. Cole Hefner State Representative  COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and solution of election and nature of Issue.)  3. Officeholders Assisted (deemby by name or, if applicable, classify by party).  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and solution of texts)  (Attach lists on plain paper to complete this report if necessary.)  A. Supported Rep. Dustin Burrows State Representative  (Chearche by date and solution of issue.)  B. Opposed  A. Supported  B. Opposed  2. Measures (Describe by date and solution of issue.)  B. Opposed		(Describe by date and location of election and	A. Supported			
Assisted (identity by name or. if applicable, classify by party).  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  2. Measures (Describe by date and nature of issue.)  B. Opposed  2. Measures (Describe by name or. if applicable, classify by party).  B. Opposed  B. Opposed  2. Measures (Describe by date and nature of issue.)  B. Opposed  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed			B. Opposed			
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  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.)  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  B. Opposed  Committee ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  E. Measures (Describe by date and location of election and nature of issue.)  B. Opposed		Assisted (Identify by name or, if				
paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  CATURITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  Rep. Dustin Burrows State Representative  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted  Describe by date and location of election and nature of issue.)  B. Opposed		(Identify by name or, if		Rep. Cole Hefner State Repre	esentative	
(Describe by date and location of election and nature of Issue.)  B. Opposed  3. Officeholders	paper to complete this		B. Opposed			
3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  1. Candidates (identify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  B. Opposed		(Describe by date and location of election and	A. Supported			
Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported Rep. Dustin Burrows State Representative  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			B. Opposed			
(Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if		Assisted (Identify by name or, if				
paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if		1		Rep. Dustin Burrows State Re	epresentative	
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders    Assisted (Identify by name or, if	paper to complete this		B. Opposed			
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Assisted (Identify by name or, if			B. Opposed			
(identity by name or, if		Assisted				
applicable, classify by party.)		(Identify by name or, if applicable, classify by party.)				

### FORM MPAC

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12 COMMITTEE NAME Texas Medical Association	n Political Action Con	nmittee		<b>13</b> Filer ID 00015658	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Re	p. Morgan Meyer State		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		o. Toni Rose State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		n. Donna Campbell Sta	te Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted				

### FORM MPAC ADDENDUM

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n Political Action Con	nmittee		<b>13</b> Filer ID 00015658	(Ethics Commission Filers)
Candidates (Identify by name or, if applicable, classify by party.)		Rep. Mary Ann Perez State Re	presentative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ron Reynolds State Repr	esentative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Sen. Charles Schwertner State	Senator	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted				
=	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders  3. Officeholders     Assisted  1. Candidates (Identify by name or, if applicable, classify by party.)  3. Officeholders  3. Officeholders  3. Officeholders  4. Measures (Describe by date and location of election and nature of issue.)	(Identify by name or, if applicable, classify by party.)  2. 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Charles Schwertner State (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported Sen. Charles Schwertner State (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported Sen. Charles Schwertner State (Identify by name or, if applicable by date and location of election and nature of issue.)  B. Opposed  3. Officeholders  A. Supported Sen. Charles Schwertner State (Identify by name or, if applicable of election and nature of issue.)  B. Opposed	1. Candidates didentify by name or, if applicable, classify by party.)  1. Candidates didentify by name or, if applicable, classify by party.)  1. Candidates didentify by name or, if applicable, classify by party.)  1. Candidates didentify by name or, if applicable, classify by party.)  1. Candidates didentify by name or, if applicable, classify by party.)  1. Candidates didentify by name or, if applicable, classify by party.)  1. 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### FORM MPAC ADDENDUM

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Texas Medical Association Political Action Committee  ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  1. Candidates (desait) by party.)  2. Measures (Describe by date and nature of Issue.)  3. Officeholders Assisted (defently by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and nature of Issue.)  3. Officeholders Assisted (defently by name or, if applicable, classify by party.)  2. Measures (Describe by date and nature of Issue.)  3. Officeholders Assisted (defently by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  1. Candidates (desaity by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE ACTIVITY  2. Measures (Describe by date and nature of Issue.)  B. Opposed  B. Opposed  A. Supported Rep. Angie Chen Button State Represent active of Issue.  B. Opposed  COMMITTEE ACTIVITY  2. Measures (Describe by date and nature of Issue.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed	(Ethics Commission Filers)
(Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  A. Supported Rep. Todd Hunter State Representative (neerly by party.)  B. Opposed  A. Supported  COMMITTEE  ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  A. Supported Rep. Angie Chen Button State Represent (neerly by party.)  COMMITTEE  ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  A. Supported Rep. Angie Chen Button State Represent (neerly by party.)  A. Supported Rep. Angie Chen Button of State Represent (neerly by party.)  A. Supported Rep. Angie Chen Button State Represent (neerly by party.)  A. Supported Rep. Angie Chen Button State Represent (neerly by party.)	358
paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identity by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identity by name or, if applicable, classify by party.)  A. Supported Rep. Todd Hunter State Representative (Identity by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  COMMITTEE ACTIVITY  COMMITTEE ACTIVITY  1. Candidates (Assisted (Identity by name or, if applicable, classify by party.)  B. Opposed  Rep. Angie Chen Button State Represent (Identity by name or, if applicable, classify by party.)  A. Supported Rep. Angie Chen Button State Represent of applicable, classify by party.)  COMMITTEE ACTIVITY  A. Supported Rep. Angie Chen Button State Represent of applicable, classify by party.)  A. Supported Rep. Angie Chen Button of State Represent of applicable, classify by party.)  A. Supported Rep. Angie Chen Button of State Represent of applicable, classify by party.)	
COMMITTEE ACTIVITY  COMMITTEE COMMITTEE ACTIVITY  COMMITTEE COMMIT	
3. Officeholders Assisted (Identity by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  COMMITTEE ACTIVITY  COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  A. Supported  Rep. Todd Hunter State Representative  Rep. Todd Hunter State Representative  Rep. Angie Chen Button State Represent Represent Represent Represent Representative  Committee Activity  A. Supported  B. Opposed  Committee Activity  A. Supported Rep. Angie Chen Button State Represent Represent Represent Represent Represent Representative  Committee Activity  A. Supported Rep. Angie Chen Button State Represent Represen	
Assisted (identify by name or, if applicable, classify by parry.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  A. Supported  A. Supported  COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by parry.)  A. Supported  B. Opposed  A. Supported  B. Opposed  B. Opposed  COMMITTEE ACTIVITY  2. Measures (Identify by name or, if applicable, classify by parry.)  A. Supported  Rep. Angie Chen Button State Represent (Identify by name or, if applicable, classify by parry.)  B. Opposed  COMMITTEE ACTIVITY  A. Supported  Rep. Angie Chen Button State Represent (Identify by name or, if applicable, classify by parry.)  A. Supported  Rep. Angie Chen Button State Represent (Identify by name or, if applicable, classify by parry.)  A. Supported  A. Supported  A. Supported  A. Supported  A. Supported  Committee of issue.)	
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location and nature of issue.)  B. Opposed  2. Measures 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.)  B. Opposed  A. Supported Rep. Angie Chen Button State Represent (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported	
paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  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.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported Rep. Angie Chen Button State Represent (Describe by date and location of election and nature of issue.)  A. Supported  Rep. Angie Chen Button State Represent (Describe by date and location of election and nature of issue.)	
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders    Assisted    (Identify by name or, if applicable, classify by party.)  COMMITTEE    ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  A. Supported Rep. Angie Chen Button State Represent  B. Opposed  B. Opposed  A. Supported Rep. Angie Chen Button State Represent	
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.)  B. Opposed  2. Measures    (Describe by date and location of election and nature of issue.)	
Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  A. Supported Rep. Angie Chen Button State Represent  B. Opposed  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported Rep. Angie Chen Button State Represent  A. Supported  A. Supported	
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)	
paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported	tive
(Describe by date and location of election and nature of issue.)	
B. Opposed	
3. Officeholders Assisted	
(Identify by name or, if applicable, classify by party.)	

### FORM MPAC ADDENDUM

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n Political Action Com	nmittee	13 Filer ID (Ethics Commission Filers) 00015658
Candidates  (Identify by name or, if	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	
Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)		
Candidates     (Identify by name or, if applicable, classify by party.)		Senator
	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)		
Candidates (Identify by name or, if applicable, classify by party.)		Senator
	B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
	B. Opposed	
Officeholders     Assisted		
- r - :	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders  3. Officeholders  4. Candidates (Identify by name or, if applicable, classify by party.)  3. Officeholders  4. Candidates (Identify by name or, if applicable, classify by party.)	(Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported Sen. Brian Hughes State (Identify by name or, if applicable, classify by party.)  B. Opposed  5. Opposed  6. Supported Sen. Brian Hughes State (Identify by name or, if applicable, classify by party.)  8. Opposed  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  8. Opposed  7. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  8. Opposed  8. Opposed  8. Opposed  9. Opposed  9. Opposed  10. Supported Sen. Royce West State Sen. Royce

12 COMMITTEE NAME	Political Action Con	amittoo		<b>13</b> Filer ID 00015658	(Ethics Commission Filers)
Texas Medical Association	Political Action Com	ımıttee		00015658	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Pil King State Senat	ior	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)		Greg Abbott Governor		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates  (Identify by name or, if	A. Supported	Rep. Tom Oliverson State	e Representative	
7.0	applicable, classify by party.)	)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted				
	(Identify by name or, if applicable, classify by party.)				

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					Page 18 of 185
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Medical Association	n Political Action Com	ımittee		000156	58
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Sen.	. Joan Huffman Att	orney General	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted				
	(Identify by name or, if applicable, classify by party.)				

### **SUBTOTALS - MPAC**

### FORM MPAC **COVER SHEET PG 3**

					19 of 185
17 COMM Texas		E NAME dical Association Political Action Committee	<b>18</b> Filer ID 00015658	(Ethics	Commission Filers)
19 SCHEI NAME		s	UBTOTAL AMOUNT		
1.	х	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 LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	1,683.00
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	44,078.35
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	110,898.50
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/147 Rpt: 20/185	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Medic	al Association Political Action	Committee			00015658	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7  10/05/2025 Abanto, Pedro Ruben  6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$99.00			
		Edinburg, TX 78542-4696					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Physician			Edinburg Medical Cente	er Ir	nc	
	Date 10/02/2025	Full name of contributor Acebo, Janet Contributor address; City; Sta		)		Amount of Contribution (\$)	\$55.00
		Corpus Christi, TX 78414-	5842				
		pation / Job title (See Instructions)	)	Employer (See Instructions	s)		
	Business Ov	vner		Business Owner			
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$99.00		
		Houston, TX 77059-3264					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	<u> </u>		
	Physician	(		Coastal Plastic Surgery	,		
	Date	Full name of contributor			Г	Amount of Contribution (\$)	
	10/03/2025	Adkins, Linda Swan  Contributor address; City; Sta  Houston, TX 77056-2226	out-of-state PAC (ID#:			Amount of Contribution (C)	\$300.00
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	5)		
	TMAA Presid	dent 2012-13		Texas Medical Associat	ion	Alliance	
	Date 10/21/2025	Full name of contributor Advanced OBGYN Associ Contributor address; City; Sta		)		Amount of Contribution (\$)	\$99.00
		Richardson, TX 75082-35	65				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 2/147 Rpt: 21/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Spring, TX 77380-3477 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		
	Physician	,		Wael Asi, MD PA	,		
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#: Agostini, Michele Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$55.00
		Amarillo, TX 79109-3519					
		pation / Job title (See Instructions)		Employer (See Instructions Business Owner	s)		
Business Owner  Date Full name of contributor out-of-state PAC (ID#:		busiliess Owler	Г	Amount of Contribution (\$)			
	10/21/2025	Aguirre Flores, Maria Ethel  Contributor address; City; State; Zip Code				(,,	\$99.00
		El Paso, TX 79903-1559					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Ahmed, Anisa  Contributor address; City; State; Zip Code  Richardson, TX 75081-5138	••••	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/23/2025	Full name of contributor out-of-state PAC (ID#:_Ahuero, Audrey E.  Contributor address; City; State; Zip Code  Houston, TX 77027-4018	••••			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Ophthalmic Plastic Surg		ns of Texas	

	MONEI	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/147 Rpt: 22/185
2	FILER NAME Texas Medic	al Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4	Date 10/06/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Aidinian, Gilbert</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7 Amount of Contribution (\$) \$99.00
8	Principal occu Physician	El Paso, TX 79932-2626 pation / Job title (See Instructions)	Employer (See Instructions     Texas Tech University F	s) Health Sciences Center - Pau
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Akhtar, Samina  Contributor address; City; State; Zip Code  Mission, TX 78572-1447		Amount of Contribution (\$) \$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	<u> </u> 
	Date 10/06/2025	Full name of contributor out-of-state PAC (ID#:_Akinjaiyeju, Akintoluwa Anthony  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$99.00
	Principal occu Physician	El Paso, TX 79922-1912 pation / Job title (See Instructions)	Employer (See Instructions Northeast Cornerstone	
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_ Akram, Novera Contributor address; City; State; Zip Code Brownsville, TX 78521-1420		Amount of Contribution (\$) \$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Mind Body Pediatric Cli	•
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Allen, Everett H.  Contributor address; City; State; Zip Code  San Antonio, TX 78212-2318	)	Amount of Contribution (\$) \$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Rheumatology Associat	

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 4/147 Rpt: 23/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/17/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Montgomery, TX 77316-1417 pation / Job title (See Instructions)	9	Employer (See Instructions	:)		
_	Physician	, , , , , , , , , , , , , , , , , , , ,		Woodlands Family Med		ne	
	Date 10/20/2025	Full name of contributor out-of-state PAC (ID#:_Almond, Suzanne  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$55.00
	Dringing aggr	Corpus Christi, TX 78418-9302		Employer (Coo Instructions	<u></u>		
	Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	')		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Almonte-Gonzalez, Jennifer M.  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$300.00
		McAllen, TX 78504-2164			_		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Alonso, Javier Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1407		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Vein & Vascular	()		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Alonso, Nicolas J.  Contributor address; City; State; Zip Code  Conroe, TX 77304-2353		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Huntsville Family Medic			
			<u> </u>				

	MONEI	ARY POLITICAL CONTRIBUTIO	)N	15		SCHEDULE	<b>A1</b>
	The Instru	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 5/147 Rpt: 24/185	
2	FILER NAME	Texas Medical Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)	
4	Date	5 Full name of contributor  ut-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		pation / Job title (See Instructions)	9	1 7 (		and the Supple	
	Physician			Houston Methodist Willo	owk	orook - Hospitalists	
	Date	Full name of contributor  ut-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					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			Allergy & Asthma Cente	r o	f 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 occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business Ov	vner		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					
		pation / Job title (See Instructions)		Employer (See Instructions		5 <b>-</b> 7.4	
	Physician			Anderson Medical Grou	рс	† I X	
	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 occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			ARK-LA-TEXAS Health	Ne	twork	

	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDULI	<b>■ A1</b>
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 6/147 Rpt: 25/185	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/02/2025	<ul> <li>Full name of contributor</li> <li>Anderson, Terrence Micha</li> <li>Contributor address; City; St</li> </ul>			7	Amount of Contribution (\$)	\$99.00
		Dallas, TX 75229-4107					
8	Principal occu Physician	pation / Job title (See Instructions	9	Employer (See Instructions Envision Healthcare Da		3	
	Date 10/15/2025	Full name of contributor Andreas Nikolaidis M.D., I Contributor address; City; St				Amount of Contribution (\$)	\$99.00
	Principal occu	Porter, TX 77365-4205 pation / Job title (See Instructions	)	Employer (See Instructions	 s)		
	Date 10/16/2025	Full name of contributor Andrews, Sarah E.  Contributor address; City; St  Houston, TX 77094-1536	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions GreatCare OBGYN, PL	•		
	Date 10/02/2025	Full name of contributor Andrews, Terri  Contributor address; City; St  Fort Worth, TX 76123-248	· '			Amount of Contribution (\$)	\$55.00
	Principal occu Business Ov	pation / Job title (See Instructions <i>I</i> ner	)	Employer (See Instructions Business Owner	s)		
	Date 10/14/2025	Full name of contributor Angobaldo, Jeff Oliver Contributor address; City; St Plano, TX 75024-0031	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Renaisssance Plastic S		ery	

	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/147 Rpt: 26/185	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul><li>5 Full name of contributor Armstrong, Ryan N.</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code	)	7	Amount of Contribution (\$)	\$99.00
		Houston, TX 77005-4302					
8	Principal occu Physician	pation / Job title (See Instructions	9	Employer (See Instructions Texas Endovascular As		ciates	
	Date 10/05/2025	Full name of contributor Aronoff, Ronald Joseph Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$99.00
	Principal occu	Dallas, TX 75230-5124		Employer (See Instructions	<u>''</u>		
	Physician Physician	pation / Job title (See Instructions	)	Self Employed	o)		
	Date 10/21/2025	Full name of contributor Arumugham, Palaniappar Contributor address; City; St		)	•	Amount of Contribution (\$)	\$99.00
		Dallas, TX 75230-1868					
	Principal occu Physician	pation / Job title (See Instructions	(3)	Employer (See Instructions Self Employed	S)		
	Date 10/20/2025	Full name of contributor Assouad, Mario  Contributor address; City; St  Houston, TX 77054-2029	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Greater Houston Kidney		pecialists	
	Date 10/05/2025	Full name of contributor Auer, David E.  Contributor address; City; St  Houston, TX 77024-2638	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions David E. Auer, M.D.	5)		
			1				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 8/147 Rpt: 27/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/05/2025	Augustyniak, Jobeth Ray	e PAC (ID#:		7	Amount of Contribution (\$)	\$99.00
_	Daine in a la casa	Sherman, TX 75092	lo lo	Frankrija (Cook kooking			
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 09/27/2025	Aventa, Tony R.				Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78732-1910 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician	panon 000 and (000 monatorio)		Capital Medical Clinic LI			
	Date 10/23/2025	Full name of contributor	e PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
		Rancho Viejo, TX 78575-9633					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/17/2025	Bailey, Susan Rudd		)		Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	i)		
	Date 10/14/2025	Full name of contributor out-of-state Baker, James Elwood  Contributor address; City; State; Zip Code  Willis, TX 77378-7101	e PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Baylor St Luke's Medica		roup - Conroe	
			l .				

	MONET	ARY POLITICAL CONTRIBUTION	)N	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 9/147 Rpt: 28/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/06/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Baker, Patricia</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$55.00
8	Principal occu Business Ow	Amarillo, TX 79121-1711 pation / Job title (See Instructions) vner	9	Employer (See Instructions Business Owner	<u> </u> s)		
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_Balderamos, Sofia  Contributor address; City; State; Zip Code  Fort Worth, TX 76132-7117		)	•	Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions)		Employer (See Instructions Business Owner	<u> </u> 5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Balsara, Viren J.  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$99.00
	Deinainal assu	The Woodlands, TX 77381-4102		Frankrije (Cook kostrustions			
	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions Baylor VA Medical Cent	•		
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_Banks, Grais  Contributor address; City; State; Zip Code  Corpus Christi, TX 78414-4183		)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) wner		Employer (See Instructions Business Owner	<u>I</u> S)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Bannister, Denise C. Contributor address; City; State; Zip Code Richardson, TX 75080-2551				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/147 Rpt: 29/185	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action	n Committee			00015658	
4	Date 10/05/2025	<ul><li>5 Full name of contributor Barakat, Ronnie A.</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
		Dallas, TX 75235-4313	•				
8	Principal occu	pation / Job title (See Instruction	s) !	9 Employer (See Instructions	<u>.                                    </u>		
	Physician			TeamHealth/EMC			
	Date	Full name of contributor	out-of-state PAC (ID#:	\	Г	Amount of Contribution (\$)	
	10/03/2025	Barber, Hollie	Out-of-State PAC (ID#	)		Amount of Contribution (\$)	\$55.00
	10/03/2023				-		Ψ33.00
		Contributor address; City; S	tate; Zip Code				
		Fort Worth, TX 76132-45	10				
	Dringinal aggu			Employer (See Instructions	,, 		
	Business Ow	pation / Job title (See Instruction	5)	Employer (See Instructions Business Owner	s)		
	Dusiness Ov	-		Busiliess Owliei	_		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/15/2025	Barcelo, Carlos Raul					\$49.50
		Contributor address; City; S	tate; Zip Code				
		Murphy, TX 75094-3240					
	•	pation / Job title (See Instruction	s)	Employer (See Instructions			
	Physician			International Craniofacia	al Ir	nstitute 	
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/05/2025	Bartis, Cristina B.					\$99.00
		Contributor address; City; S	tate; Zip Code		1		
		Dallas, TX 75208-3312					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Physician			Self Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	10/22/2025	Bartlett, Erica L.	<b>-</b>				\$99.00
		Contributor address; City; S	tate: 7in Code		ł		
		Contributor address, City, C	tato, 21p 0000				
		Houston, TX 77008-6631					
	Principal occu	Legation / Job title (See Instruction		Employer (See Instructions	<u>.                                    </u>		
	Physician			Enchanted Beauty Plast		Surgery	
	, <del></del> -						

	MONEI	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 11/147 Rpt: 30/185	
2	FILER NAME				3	`	Filers)
	Texas Medic	al Association Political Action Committee				00015658	
4	Date 10/05/2025	<ul> <li>Full name of contributor  out-of-state   out-of-state   out-of-state  </li> <li>Bassichis, Benjamin Amos</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
		Dallas, TX 75229-6301					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions NTENT Network	5)		
	Date 10/05/2025	Full name of contributor out-of-state   Bayless, Robert Eugene  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
		Westlake, TX 76262-8228			<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Precision Orthopedics a		Sports Medicine	
	Date 10/18/2025	Full name of contributor out-of-state I Beauchamp, Nancy L.  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$55.00
		Corpus Christi, TX 78404-1847					
	Principal occu Business Ow	oation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	<u>.</u> s)		
	Date 10/05/2025	Full name of contributor out-of-state in Beezley, Jon T.  Contributor address; City; State; Zip Code  Grapevine, TX 76051-6460	PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Arlington Emergency Me		cine Associates	
	Date 10/21/2025	Full name of contributor out-of-state   Bell, Katherine A.  Contributor address; City; State; Zip Code  Bellaire, TX 77401-4822	PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions U.S. Dermatology Partn		- Kingwood	
			•				

	WONEI	ARY POLITICAL COI	NIKIBUTIUNS		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to	complete this form.	1	Total pages Schedule A1: Sch: 12/147 Rpt: 31/185	
2	FILER NAME Texas Medic	al Association Political Action Con	nmittee	3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 10/09/2025	Benold, Lori	out-of-state PAC (ID#:)  Zip Code		Amount of Contribution (\$)	\$55.00
		Addison, TX 75001-4954				
8	Principal occu Business Ov	pation / Job title (See Instructions) ner	9 Employer (See Instruction Business Owner	ons)		
	Date 10/21/2025	Full name of contributor  Bernstein, Sue  Contributor address; City; State; 2  San Antonio, TX 78260-3568	out-of-state PAC (ID#:) Zip Code		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions)	Employer (See Instruction Business Owner	ons)		
	Date 10/05/2025	Full name of contributor Grant Bhayani, Nikhil Kiran  Contributor address; City; State; 2  Colleyville, TX 76034-6317	out-of-state PAC (ID#:)  Zip Code		Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction Infectious Disease Do		rs, PA	
	Date 10/15/2025	Full name of contributor Grant Bhuchar, Subodh Kumar  Contributor address; City; State; 2  Sugar Land, TX 77479-3909	Dut-of-state PAC (ID#:) Zip Code		Amount of Contribution (\$)	\$16.50
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction Sugarland Med Ped C		c, PA	
	Date 10/05/2025	Bierner, Samuel Michael	out-of-state PAC (ID#:)  Zip Code		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction Self Employed	ons)		
			<u>'</u>			

	MONEI	ARY POLITICAL CONTRIB	3U HON	15		SCHEDULE	: A1
	The Instru	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 13/147 Rpt: 32/185	
2	FILER NAME Texas Medic	cal Association Political Action Committee			1	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/02/2025	<ul> <li>Full name of contributor</li></ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$55.00
_		Corpus Christi, TX 78412-2620					
8		ipation / Job title (See Instructions) unty President	9	Employer (See Instructions Business Owner	5)		
	Date 10/05/2025	Full name of contributor out-of-state F Bindingnavele, Vijay K.  Contributor address; City; State; Zip Code  Corpus Christi, TX 78412-2620	PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Corpus Christi Institute o			
	Date 10/21/2025	Full name of contributor out-of-state F Birt, Kelly L.  Contributor address; City; State; Zip Code  Houston, TX 77018-5228	PAC (ID#:	)	_	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Surgery Clinic of Greate	•	ouston, PLLC	
	Date 10/05/2025	Full name of contributor out-of-state F Blackburn, David Lawson  Contributor address; City; State; Zip Code  Boerne, TX 78006-5933	PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Victoria Emergency Ass		ates, LLC	
	Date 10/20/2025	Full name of contributor out-of-state F Blackwell, Wess J.  Contributor address; City; State; Zip Code  La Grange, TX 78945-1262	PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions McBroom Clinic PA	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 14/147 Rpt: 33/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/25/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Blanchard, Lawrence D.</li> <li>Contributor address; City; State; Zip Code</li> </ul>	_	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Arlington, TX 76003-0129 pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Physician		Self Employed			
	Date 10/23/2025	Full name of contributor  out-of-state PAC (ID#:	)	,	Amount of Contribution (\$)	\$99.00
		Blanco, TX 78606-4913				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#: Bleier, Joseph Tracy  Contributor address; City; State; Zip Code	)	,	Amount of Contribution (\$)	\$99.00
		Greenville, TX 75402-5496				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions) EmCare Inc	)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:		,	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions) Self Employed	)		
	Date 10/22/2025	Full name of contributor out-of-state PAC (ID#:_Bloodworth, Donna M.  Contributor address; City; State; Zip Code  Alvin, TX 77511-0410		,	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions) Baylor College of Medici		- Physical Medicine & R	
		•				

	MONEI	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 15/147 Rpt: 34/185	
2	FILER NAME	al Association Political Action C	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
_					L		
4	Date 10/05/2025	<ul><li>5 Full name of contributor Bocanegra, Ruben D.</li><li>6 Contributor address; City; Stat</li></ul>	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$99.00
		Laredo, TX 78045-8469	la.				
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Physician			Ruben Bocanegra, MD			
	Date 10/01/2025	Full name of contributor Bohra, Hema Pandya Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$99.00
		McKinney, TX 75072-4198					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			Envision Healthcare Dal	las		
	Date 10/04/2025	Full name of contributor  Boldt, Veronica  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$55.00
		San Antonio, TX 78232-114	1				
	Principal occur	pation / Job title (See Instructions)		Employer (See Instructions	:) :)		
	Business Ow			Business Owner	,		
			7			Amount of Contribution (A)	
	Date 10/05/2025	Full name of contributor  Bonner, Marian E.  Contributor address; City; Stat  Houston, TX 77025-4322	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			Radiology Partners Hou	sto	n	
	Date 10/20/2025	Full name of contributor  Borgstedte, Thomas Owen  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$99.00
		La Grange, TX 78945-1920					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions McBroom Clinic PA	i)		

	MONEI	ARY POLITICAL CON	NIRIBUTION	S		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 16/147 Rpt: 35/185	
2	FILER NAME Texas Medic	al Association Political Action Com	mittee		3	Filer ID (Ethics Commission 00015658	n Filers)
_					_		
4	Date 10/05/2025	<ul> <li>Full name of contributor</li></ul>	ut-of-state PAC (ID#: ip Code	)	ľ	Amount of Contribution (\$)	\$99.00
		San Antonio, TX 78233-5361					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>.                                    </u>		
	Physician			Self Employed	,		
	Date	Full name of contributor on	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/17/2025	Bourgeois, Keith A.					\$250.00
		Contributor address; City; State; Z	ip Code				
		Houston, TX 77005-3931					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>		
	Physician			Downtown Eye Associat	tes		
	Date	Full name of contributor	ut-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	10/05/2025	Boyd, Katherine K.					\$99.00
		Contributor address; City; State; Z	ip Code				
		Dallas, TX 75224-1653					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
	Physician	,		A Woman's View Wome		Healthcare	
	Date	Full name of contributor	ut-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	10/05/2025	Bradley, Jason T.	ut-01-3tate 1 AC (ID#			γαποαπι οι Continbation (φ)	\$99.00
	10/03/2023	Contributor address; City; State; Z	ip Code				ψ99.00
		Lubbock, TX 79423-0896					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Caprock Cardiovascular	Ce	enter, LLP	
	Date	Full name of contributor o	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/08/2025	Bradley, Richard N.					\$300.00
		Contributor address; City; State; Z	ip Code		l		
		Pearland, TX 77584-7057					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) (;)		
	Physician Physician	Saudi / OOD title (OCC IIISHUCHOIIS)		Texas Division of Emerg		cv Management	
_	. Hysician			TOTAL DIVISION OF LINERY	JU11	o, managoment	

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 17/147 Rpt: 36/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (IE Brand, James R.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Austin, TX 78704-1409 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Physician			Victoria Emergency Ass	oci	ates	
	Date 10/03/2025	Full name of contributor out-of-state PAC (IE Brand, Lindy D.  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$55.00
		Leander, TX 78641-3637					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Business Ow			Business Owner	_		
	Date 10/05/2025	Full name of contributor out-of-state PAC (IE Brandfellner, Heather M Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$50.00
		Shavano Park, TX 78230-5619					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Brooke Army Medical C			
	Date 10/13/2025	Full name of contributor out-of-state PAC (IE Brashear, Benjamin R.  Contributor address; City; State; Zip Code  Dallas, TX 75204-6138				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/14/2025	Full name of contributor out-of-state PAC (IE Brazoria Neurological Assocaites, P.A. Contributor address; City; State; Zip Code Lake Jackson, TX 77566	<b>D</b> #:			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u> S)		

	MONET	ARY POLITICAL CONTRIBUTIO	7(	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	or	m.	1	Total pages Schedule A1: Sch: 18/147 Rpt: 37/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/23/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Brener, Daniel M.</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Bellaire, TX 77401-4914 pation / Job title (See Instructions)	9	Employer (See Instructions Dr. Daniel Brener	  -  s)		
	Date 10/05/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Bellaire, TX 77401-5507 pation / Job title (See Instructions)		Employer (See Instructions Methodist Main	<u> </u> s)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Brockie, Robert Edwin  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Principal occu	Dallas, TX 75254-2814 pation / Job title (See Instructions)		Employer (See Instructions	•		
	Physician  Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_ Brodeur, Marilyn  Contributor address; City; State; Zip Code  Corpus Christi, TX 78418-6440		Texas Health Heart & V	aso	Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Brooks, Charles D.  Contributor address; City; State; Zip Code  Amarillo, TX 79124-4914				Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions High Plains Radiologica		ssociation, LLP	

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 19/147 Rpt: 38/185	
2	FILER NAME	al Association Political Action Cor	nmittee		3	Filer ID (Ethics Commission 00015658	n Filers)
_				,	_		
4	Date 10/22/2025	Brotherton, Dana M.  6 Contributor address; City; State; 2	out-of-state PAC (ID#: Zip Code	)	′	Amount of Contribution (\$)	\$99.00
0	Dringing age	Missouri City, TX 77459-6736 pation / Job title (See Instructions)		Employer (See Instructions			
0	Physician	pation / Job title (See Instructions)		Fort Bend Oral Surgeons			
	FilySiciali			Fort Bend Oral Surgeons	<u> </u>		
	Date 10/04/2025	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$55.00
		Fort Worth, TX 76107-3506					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
	Business Ow	<i>r</i> ner		Business Owner			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/27/2025	Broussard, Dwane G.				(1)	\$875.00
		Contributor address; City; State; 2 Houston, TX 77024-6110	Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician	(		Kelsey-Seybold Clinic	,		
		Full name of contributor		\ \ \		Amount of Contribution (ft)	
	Date 10/05/2025	Brown, Byron Linus  Contributor address; City; State; 2  Lubbock, TX 79424-3143	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions) Self Employed	)		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/05/2025	Brown, Cynthia Ruth					\$99.00
		Contributor address; City; State; A	Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
	Physician			Self Employed			
			ı				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 20/147 Rpt: 39/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/04/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$55.00
8	Principal occu	Fort Worth, TX 76107-1503 pation / Job title (See Instructions)	9	Employer (See Instructions Business Owner	     s)		
	Date 10/09/2025	Full name of contributor		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u>l</u> S)		
	Date 10/07/2025	Full name of contributor out-of-state PAC (ID#:_ Brown, Ruth  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$55.00
	Principal occup	Corpus Christi, TX 78404-1741 pation / Job title (See Instructions)		Employer (See Instructions Business Owner	<u> </u> s)		
	Date 10/15/2025	Full name of contributor  out-of-state PAC (ID#:_ Brown-Nembhard, Tonya Renee		)		Amount of Contribution (\$)	\$16.50
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Beaumont Pediatric Cer		r PLLC	
	Date 10/09/2025	Full name of contributor out-of-state PAC (ID#:_Bruce, Matthew J.  Contributor address; City; State; Zip Code  Houston, TX 77030-2725			•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Younis Cardiology Asso		tes, PLLC	

	MONEI	ARY POLITICAL CONTR	IBUTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to comp	lete this form	n.	l	Total pages Schedule A1: Sch: 21/147 Rpt: 40/185	
2	FILER NAME	al Association Bullion I Association			l	Filer ID (Ethics Commission	Filers)
		al Association Political Action Committee			_	00015658	
4	Date 10/05/2025	<ul> <li>Full name of contributor  out-of-star  Druening, Brian James</li> <li>Contributor address; City; State; Zip Cod</li> </ul>	ate PAC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
		Lubbock, TX 79407-5799					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Physician			Lubbock Diagnostic Rac	oloib	gy	
	Date 10/05/2025	Full name of contributor out-of-sta Brunt, Amy Lyn Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$99.00
		College Station, TX 77845-6441					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			Baylor Scott & White Cli	inic-	College Station Rock P	
	Date 10/02/2025	Full name of contributor out-of-sta  Brusco, Natalia  Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$55.00
		Corpus Christi, TX 78414-6246					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>		
	Business Ov	ner		Business Owner			
	Date 10/22/2025	Full name of contributor out-of-sta  Bubley, Jeffrey Alexander  Contributor address; City; State; Zip Cod  Houston, TX 77019-1793	ate PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Radiant Dermatology &		thetics	
	Date 10/05/2025	Full name of contributor out-of-sta  Buendia, Francisco I.  Contributor address; City; State; Zip Cod  El Paso, TX 79912-7496	ate PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTION	)N	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 22/147 Rpt: 41/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/15/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Abilene, TX 79602-5457 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	<u> </u> s)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Burkes, William Sidney Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u>                                      </u>		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Burton, Allen W.  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$99.00
	Principal occu	Houston, TX 77025-1211 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Physician			Self Employed			
	Date 10/21/2025	Full name of contributor out-of-state PAC (ID#:_Bushan, Naga S.  Contributor address; City; State; Zip Code  Lubbock, TX 79423-6747		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Arthritis & Osteoporosis		ssociates LLP	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Bushore, David A.  Contributor address; City; State; Zip Code  Austin, TX 78750-7835				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions Balcones Dermatology		sociates	

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 23/147 Rpt: 42/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/07/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Buxton, Lawrence F.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Horseshoe Bay, TX 78657-8215 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	<u> </u> s)		
	Date 10/21/2025	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$99.00
	Principal occu	Austin, TX 78746-5662 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Date 10/08/2025	Full name of contributor out-of-state PAC (ID#:_ Caccitolo, James Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Tyler, TX 75703-0130	_				
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Christus Cardiothoracic		ırgery	
	Date 10/06/2025	Full name of contributor out-of-state PAC (ID#:_ Callender, David L.  Contributor address; City; State; Zip Code  Houston, TX 77024-5144		)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Memorial Hermann Med		al Group	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Callewart, Craig Carter  Contributor address; City; State; Zip Code  Dallas, TX 75205-2814		)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Craig C. Callewart, MD			

	MONET	ARY POLITICAL CONT	RIBUTION	S	SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to cor	mplete this form	n.	1 Total pages Schedule A1: Sch: 24/147 Rpt: 43/185	
2	FILER NAME Texas Medic	al Association Political Action Commi	ttee		3 Filer ID (Ethics Commission F 00015658	ilers)
4	Date 10/01/2025	<ul> <li>Full name of contributor  out-o  out-o</li></ul>			7 Amount of Contribution (\$)	\$99.00
_	Dringing Lagra	Lubbock, TX 79424-4689	lo.	Francis or (Coo Instructions		
8	Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Arthritis & Osteoporosis		
	Date 10/14/2025	Full name of contributor out-o Calvary Medical, PA Contributor address; City; State; Zip 0			Amount of Contribution (\$)	\$99.00
		Cleveland, TX 77327-4542				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)	
	Date 10/21/2025	Full name of contributor out-o Calvary Medical, PA Contributor address; City; State; Zip 0	f-state PAC (ID#:		Amount of Contribution (\$)	\$99.00
		Cleveland, TX 77327-4542				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)	
	Date 10/21/2025	Calvary Medical, PA  Contributor address; City; State; Zip 0	f-state PAC (ID#:	)	Amount of Contribution (\$)	\$99.00
	Principal occu	Cleveland, TX 77327-4542 pation / Job title (See Instructions)		Employer (See Instructions	)	
	Date 10/05/2025	Full name of contributor out-o Camero, Joseph Porfirio  Contributor address; City; State; Zip C  Laredo, TX 78045-8121	f-state PAC (ID#:		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Chess Medical Group LI		
			I	·		

	MONET	ARY POLITICAL CONTRIBU	110	N5		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete th	is fo	orm.	1	Total pages Schedule A1: Sch: 25/147 Rpt: 44/185	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/02/2025	<ul> <li>Full name of contributor  out-of-state PAC (Camp, Kara</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$55.00
		Tyler, TX 75703-9326					
8	Principal occu Business Ov	pation / Job title (See Instructions) vner	9	9 Employer (See Instructions Business Owner	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC ( Camp, Tammy M.  Contributor address; City; State; Zip Code  Shallowater, TX 79363-6400	(ID#:		•	Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Physician			Texas Tech Physician A	۱ss	ociates of Lubbock	
	Date 10/05/2025	Full name of contributor out-of-state PAC (Capik, Pamela K.  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$99.00
		Arlington, TX 76017-3524			Ĺ		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions VA North Texas Health		re	
	Date 10/17/2025	Full name of contributor out-of-state PAC ( Cardenas, Carlos Javier  Contributor address; City; State; Zip Code  McAllen, TX 78501-3735				Amount of Contribution (\$)	\$208.34
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions South Texas Gastroente		logy	
	Date 10/21/2025	Full name of contributor out-of-state PAC ( Carl Carey Jordan, Jr. MDPA  Contributor address; City; State; Zip Code  Beaumont, TX 77701-4666				Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRIBUTI	Or	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 26/147 Rpt: 45/185	
2	FILER NAME				3	•	Filers)
		al Association Political Action Committee				00015658	
4	Date 10/15/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID: Carlyle, David C.</li> <li>Contributor address; City; State; Zip Code</li> </ul>	#:	)	7	Amount of Contribution (\$)	\$99.00
		The Woodlands, TX 77380-1319					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Physician			First Choice Emergency	R	oom	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID: Carroll, David John  Contributor address; City; State; Zip Code	#:	)		Amount of Contribution (\$)	\$99.00
		Midland, TX 79701-5846					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			Anesthesia Medical Gro	up	of the Permian Basin, LLP	
	Date 10/05/2025	Full name of contributor  out-of-state PAC (ID: Casimir, Robert T.  Contributor address; City; State; Zip Code	#:	)		Amount of Contribution (\$)	\$99.00
		Houston, TX 77096-3307					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			Avail Anesthesia Associ	ate	S	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID: Cauthen, Clay A.  Contributor address; City; State; Zip Code  Austin, TX 78705-1014	#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions Seton Heart Specialty C		e & Transplant Ctr	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID: Cavazos, Patricia  Contributor address; City; State; Zip Code  Laredo, TX 78045-1971	#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 27/147 Rpt: 46/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/09/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
_		Temple, TX 76502-7634	_				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Coryell Memorial Health		re System	
	Date 10/05/2025	Full name of contributor				Amount of Contribution (\$)	\$99.00
	Principal occu	Victoria, TX 77904-3373 pation / Job title (See Instructions)	_	Employer (See Instructions	·/_		
	Physician Physician	pation / Job title (See Instructions)		Self Employed	)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Chanez, James Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
		Garland, TX 75044-7810					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Medtopia Medical Clinic		DVIP	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Chang, Bill K.  Contributor address; City; State; Zip Code  Friendswood, TX 77546-4183		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Bill K. Chang, MD PA	<u> </u> 5)		
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_ Charles W Page M.D., PA  Contributor address; City; State; Zip Code  Nacogdoches, TX 75961-4249				Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 28/147 Rpt: 47/185	
2	FILER NAME Texas Medic	al Association Political Action	n Committee		3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/02/2025	Chase, Christel	_				\$55.00
		6 Contributor address; City; S	tate; Zip Code				
		Fort Worth, TX 76126-519	94				
8		pation / Job title (See Instructions	s) !	<b>9</b> Employer (See Instructions	5)		
	CMSA VP M	embership		Business Owner			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/03/2025	Cheema, Muhammad Q.					\$99.00
		Contributor address; City; S	tate; Zip Code				
		Southlake, TX 76092-149	5				
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Physician			Arlington Nephrology, P	A		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/05/2025	Cherian, Rany Antony					\$99.00
		Contributor address; City; S	tate; Zip Code				
		College Station, TX 7784					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions			
	Physician			Texas Avenue Medical	Clir	1C	
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/15/2025	Chike-Obi, Chuma J.  Contributor address; City; S	tate; Zip Code				\$16.50
		Austin, TX 78704-2038					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physician			Office of Dr. Chuma J. C	Chil	ce-Obi	
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/27/2025	Childs, Tilden L.					\$2,500.00
		Contributor address; City; S	tate; Zip Code				
		Fort Worth, TX 76109-10					
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Radiology Associates of		orth Texas, PA	

	MONEI	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 29/147 Rpt: 48/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 10/15/2025	<ul> <li>Full name of contributor  out-of-state</li></ul>	PAC (ID#:		7	Amount of Contribution (\$)	\$33.00
8	Principal occu Physician	Austin, TX 78717-3821 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	j 5)		
	Date 10/17/2025	Full name of contributor out-of-state Chun, Christopher Sung Jin Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$208.34
	Principal occu Physician	Dallas, TX 75244-7446 Dation / Job title (See Instructions)		Employer (See Instructions Epic Pain and Orthoped			
	Date 10/05/2025	Full name of contributor out-of-state Clark, Crandon F.  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$99.00
		Amarillo, TX 79159-0358 pation / Job title (See Instructions)		Employer (See Instructions	•		
	Physician			High Plains Radiologica	I A	ssociation, LLP	
	Date 10/15/2025	Full name of contributor out-of-state Clark, Dana G.  Contributor address; City; State; Zip Code  Arlington, TX 76012-5428	PAC (ID#:			Amount of Contribution (\$)	\$33.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/15/2025	Full name of contributor out-of-state Clark, Justin Wayne Contributor address; City; State; Zip Code Lubbock, TX 79424-7361	PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Lubbock Dermatology &		in Cancer Center, LLP	
			•				

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 30/147 Rpt: 49/185	
2	FILER NAME Texas Medic	cal Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/05/2025	<ul><li>5 Full name of contributor Clark, Priscilla Danielle</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$99.00
		Richardson, TX 75082-20	49				
8	Principal occu Physician	pation / Job title (See Instructions	9	Employer (See Instructions Allen Anesthesia PA	s)		
	Date 10/05/2025	Full name of contributor Clarke, Lawrence R. Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		-	Amount of Contribution (\$)	\$99.00
	Principal occu	Houston, TX 77024-4406 pation / Job title (See Instructions	s)	Employer (See Instructions	  -  s)		
	Physician			Self Employed			
	Date 10/02/2025	Full name of contributor Cleaves, Peggy Contributor address; City; St		)	•	Amount of Contribution (\$)	\$55.00
		Corpus Christi, TX 78404-	-1734				
	Principal occu Business Ov	pation / Job title (See Instructions vner	)	Employer (See Instructions Business Owner	5)		
	Date 10/05/2025	Full name of contributor Cocco, Jennyfer F. Contributor address; City; St Plano, TX 75093-4640	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Dallas Plastic Surgery	5)		
	Date 10/08/2025	Full name of contributor Colbert, Christle D. Contributor address; City; St Leander, TX 78641-2876	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Texas Regional Physicia		3	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 31/147 Rpt: 50/185	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/02/2025	<ul> <li>5 Full name of contributor</li> <li>Cole, Marci</li> <li>6 Contributor address; City; Sta</li> </ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$55.00
8		Abilene, TX 79606-5021 pation / Job title (See Instructions) pership 2019-20	9	Employer (See Instructions Business Owner	<u> </u> ;)		
	Date 10/02/2025	Full name of contributor Collins, Kristen Contributor address; City; Sta Tyler, TX 75701-2901	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions)		Employer (See Instructions Business Owner	<u> </u> 5)		
	Date 09/27/2025	Full name of contributor Combs, Shanna Marie Contributor address; City; Sta		)		Amount of Contribution (\$)	\$300.00
	Principal occu Physician	Fort Worth, TX 76107-106 pation / Job title (See Instructions)		Employer (See Instructions Cook Children's Physici		Network	
	Date 10/05/2025	Full name of contributor Comfort, Kevin P. Contributor address; City; Sta				Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Kevin P. Comfort, MD, F		AFP	
	Date 10/14/2025	Full name of contributor Cone, Howell Anson Contributor address; City; Sta		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 32/147 Rpt: 51/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/08/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Dallas, TX 75209-1504 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Physician	,		Self Employed	,		
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_ Cooper Clinic Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Dallas, TX 75230-2200					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/20/2025	Full name of contributor out-of-state PAC (ID#:_ Crabtree, Robert Norwood  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Amarillo, TX 79121-1058					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_ Craig, Berenice Morales  Contributor address; City; State; Zip Code  Austin, TX 78738-5312		)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	5)		
	Date 10/24/2025	Full name of contributor out-of-state PAC (ID#:_ Crawford, J. Lauren  Contributor address; City; State; Zip Code  Austin, TX 78737-8709				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Synergy Plastic Surgery			
		•					

	MONET	ARY POLITICAL C	CONTRIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this forr	m.	1	Total pages Schedule A1: Sch: 33/147 Rpt: 52/185	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/10/2025	<ul><li>5 Full name of contributor Crawford, Kevin</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$99.00
		Lubbock, TX 79416-4814					
8	Principal occu Physician	pation / Job title (See Instructions	9	Employer (See Instructions Lubbock Sports Medicin			
	Date 10/02/2025	Full name of contributor Crawford, Laurel Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$55.00
	Principal occu	Wolfforth, TX 79382-3248 pation / Job title (See Instructions		Employer (See Instructions	·/_		
	Business Ov			Business Owner	)		
	Date 10/05/2025	Full name of contributor Crespo, Rodrigo Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$99.00
		San Antonio, TX 78258-4	590				
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Medcare Associates, P			
	Date 10/05/2025	Full name of contributor Crombet, Ofelia Contributor address; City; St McAllen, TX 78501-9034	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Self Employed	5)		
	Date 10/05/2025	Full name of contributor Crowder, J. Douglas Contributor address; City; St Dallas, TX 75231-4017	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Self Employed	5)		

	MONEI	ARY POLITICAL CONTR	RIBUTION	NS	SCHEDULE A1
	The Instru	ction Guide explains how to comp	olete this for	m.	1 Total pages Schedule A1: Sch: 34/147 Rpt: 53/185
2	FILER NAME Texas Medic	al Association Political Action Committe	ee		3 Filer ID (Ethics Commission Filers) 00015658
4	Date 10/12/2025	Cullington, Gayle		)	7 Amount of Contribution (\$) \$55.00
		Austin, TX 78703-4937			
8	Principal occu Business Ov	pation / Job title (See Instructions) vner	9	Employer (See Instructions Business Owner	)
	Date 10/05/2025	Full name of contributor out-of-st Currie, Oscar J.  Contributor address; City; State; Zip Cod Beaumont, TX 77706-7635	tate PAC (ID#:	)	Amount of Contribution (\$) \$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Beaumont Bone & Joint	
	Date 10/02/2025	Full name of contributor out-of-st  Dammert, Christi M.  Contributor address; City; State; Zip Cod  Austin, TX 78746-7618	tate PAC (ID#:		Amount of Contribution (\$) \$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	)
	Date 10/23/2025	Dang, Joseph M.			Amount of Contribution (\$) \$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Memorial Hermann Med	) ical Group - Hospitalists Sout
	Date 10/14/2025	Full name of contributor out-of-st Dangler, Lori A.  Contributor address; City; State; Zip Cod Pearland, TX 77584-9488			Amount of Contribution (\$) \$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions  MD Anderson Cancer C	
			1		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 35/147 Rpt: 54/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/15/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
_	District	Cleburne, TX 76033-5933	<u> </u>	Faralassa (Osas kastaustissa			
8	Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 10/05/2025	Full name of contributor				Amount of Contribution (\$)	\$99.00
	Principal occu	Austin, TX 78732-2063 pation / Job title (See Instructions)		Employer (See Instructions	?) 		
	Physician	pation, oop the (occ mandeholis)		Self Employed	"		
	Date 09/27/2025	Full name of contributor out-of-state PAC (ID#:_ Darmadi, Daniel H. Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$900.00
		Houston, TX 77059-5602					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Gastroenterology Const	•	unts, PA	
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_ Darmadi, Melisa K.  Contributor address; City; State; Zip Code  Houston, TX 77059-5602		)	•	Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) ner		Employer (See Instructions Business Owner	5)		
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_ Davies, Chris Contributor address; City; State; Zip Code  Houston, TX 77080-7618				Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	5)		
			•				

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 36/147 Rpt: 55/185	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action C	Committee			00015658	
4	Date 10/07/2025	<ul><li>5 Full name of contributor Davis, Brian Richard</li><li>6 Contributor address; City; Stat</li></ul>	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Corpus Christi, TX 78404-2: pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
Ü	Physician	pation 7 300 title (See matractions)	ľ	CHRISTUS Trinity Clinic			
	Date 10/02/2025	Full name of contributor  Davis, Deborah J.  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$55.00
		Flint, TX 75762-5101					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	2015-16 Coι	ınty Alliance President		Business Owner			
	Date 10/15/2025	Full name of contributor  Davis, George M.  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$33.00
		Conroe, TX 77384-1553					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			George M. Davis, MD			
	Date 10/05/2025	Full name of contributor  Davis, Marcus Samuel  Contributor address; City; Stat  Ovalo, TX 79541-2518	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Hendrick Provider Netwo		- Gastroenterology	
	Date 10/02/2025	Full name of contributor  Dayawansa, Dhammie  Contributor address; City; Stat  Temple, TX 76502-5771	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) ner		Employer (See Instructions Business Owner	)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 37/147 Rpt: 56/185	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action Co	mmittee			00015658	
4	Date 10/17/2025	Del Villar, Ricardo Garcia	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$99.00
		<ul><li>6 Contributor address; City; State;</li><li>McAllen, TX 78503-1251</li></ul>	Zip Code				
8	Principal occu	pation / 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	Desai, Kunj Kishore					\$99.00
		Contributor address; City; State;	Zip Code				
		San Antonio, TX 78258-4431					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			The Hand Center Of Sai	٦ A	ntonio	
	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					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			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					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			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 77845-96	344				
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			Self Employed			

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 38/147 Rpt: 57/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Doan, David T.</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Richmond, TX 77406-2754 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Physician			Child Neurology & Strok		of Houston	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Donahey, Brett Alan Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		McKinney, TX 75070-5222					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	i)		
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_ Donahue, Angela  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$55.00
		Fort Worth, TX 76109-3130					
	Principal occu TMAA Presid	pation / Job title (See Instructions) lent 2014-15		Employer (See Instructions Business Owner	i)		
	Date 10/24/2025	Full name of contributor out-of-state PAC (ID#:_ Doss, Sharon  Contributor address; City; State; Zip Code  Austin, TX 78731-5710		)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	oation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	()		
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_ Dossa, Mercedes  Contributor address; City; State; Zip Code  Fort Worth, TX 76132-3578				Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	oation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	5)		

	MONET	ARY POLITICAL CONTRIBUTION	٩C	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 39/147 Rpt: 58/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/15/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Dossett, Lucy McCauley</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$16.50
	Dringing Loon	Roanoke, TX 76262-0619	٦	Employer (Coa Instructions	<u></u>		
8	Physician Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	»)		
	Date 10/16/2025	Full name of contributor out-of-state PAC (ID#: Dosu, Babatunde I.  Contributor address; City; State; Zip Code  North Richland Hills, TX 76182-4011		)		Amount of Contribution (\$)	\$99.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Physician			Self Employed			
	Date 10/21/2025	Full name of contributor		)	•	Amount of Contribution (\$)	\$55.00
		San Antonio, TX 78266-2952					
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	5)		
	Date 09/27/2025	Full name of contributor out-of-state PAC (ID#: Dowling, Matt  Contributor address; City; State; Zip Code  Austin, TX 78701-1672			•	Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) ublic Affairs, Lobbyist		Employer (See Instructions Texas Medical Associat	•		
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#: Dragun, Gire  Contributor address; City; State; Zip Code  Midland, TX 79707-4714				Amount of Contribution (\$)	\$55.00
	Principal occu Business Ov	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	5)		
			1				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N:	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	to complete this fo	rm	1.	1	Total pages Schedule A1: Sch: 40/147 Rpt: 59/185	
2	FILER NAME Texas Medic	al Association Political Action	Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/04/2025	<ul><li>5 Full name of contributor</li><li>Drummond, Sandi</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$55.00
		San Antonio, TX 78259-2						
8	Principal occu Business Ov	pation / Job title (See Instructions vner	S) [9		Employer (See Instructions Business Owner	5) 		
	Date 10/14/2025	Full name of contributor Dubberly, Danny Lee Contributor address; City; S			)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Corpus Christi, TX 78413 pation / Job title (See Instructions			Employer (See Instructions Dubberly Clinic	<u> </u> 5)		
	Date 10/05/2025	Full name of contributor Duhaney, Robert L. Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$99.00
	Principal occu	Austin, TX 78737-1502 pation / Job title (See Instructions	9		Employer (See Instructions	:) 		
	Physician	pation / oob title (See Instruction)	,,		One Medical - Austin	·/		
	Date 10/05/2025	Full name of contributor  Dunn, Bryan M.  Contributor address; City; S  Boerne, TX 78015-5169	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$300.00
	Principal occu Physician	pation / Job title (See Instructions	(5)		Employer (See Instructions Connally Memorial Med		Center	
	Date 10/15/2025	Full name of contributor Dupont, Nefertiti C. Contributor address; City; S Spring, TX 77393-2074	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$49.50
	Principal occu Physician	pation / Job title (See Instructions	s)		Employer (See Instructions Self Employed	5)		
			•					

	MONEI	ARY POLITICAL CON	NIRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to c	complete this forr	n.	1	Total pages Schedule A1: Sch: 41/147 Rpt: 60/185	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action Com	ımittee			00015658	
4	Date 10/03/2025	<ul> <li>5 Full name of contributor</li></ul>	ut-of-state PAC (ID#: ip Code	)	7	Amount of Contribution (\$)	\$55.00
_	Dringing conu	Fort Worth, TX 76109-2206	lo.	Employer (Coo Instructions			
o	Business Ow	pation / Job title (See Instructions)	9	Employer (See Instructions Business Owner	)		
	Date 10/02/2025	Full name of contributor		)		Amount of Contribution (\$)	\$55.00
		Corpus Christi, TX 78413-5817	,		L		
	Principal occu Business Ow	pation / Job title (See Instructions)		Employer (See Instructions Business Owner	5)		
		<u> </u>		Business Owner			
	Date 10/05/2025	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
		The Woodlands, TX 77381-626	63				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Physician			The Women's Center for	r W	ell Being, PA	
	Date 10/15/2025	Full name of contributor o cast Texas Cardiology, PA Contributor address; City; State; Z Sugar Land, TX 77478	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/02/2025	Full name of contributor o c Eckmann, Nichole Contributor address; City; State; Z San Antonio, TX 78255-2345	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$55.00
	Principal occu CMSA VP M	pation / Job title (See Instructions) embership		Employer (See Instructions Business Owner	5)		

	MONEI	ARY POLITICAL CONTRIBUTIO	IN	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 42/147 Rpt: 61/185	
2	FILER NAME	cal Association Political Action Committee			3	Filer ID (Ethics Commission F 00015658	ilers)
_		_			_		
4	Date 10/15/2025	5 Full name of contributor out-of-state PAC (ID#: Edwards, G. Russell		)	′	Amount of Contribution (\$)	\$99.00
		<b>6</b> Contributor address; City; State; Zip Code					
		Pearland, TX 77584-3962					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Physician			Houston Methodist Obst	etı	rics & Gynecology Associat	
	Date	Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	09/26/2025	Egu, Obiloh E.					\$99.00
		Contributor address; City; State; Zip Code					
		, ,, , ,					
		Houston, TX 77003-1122					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			Self Employed			
	Date	Full name of contributor  ut-of-state PAC (ID#:				Amount of Contribution (\$)	
	10/21/2025	Eidman, Dan K.					\$99.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77057-1918					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			Advanced Surgeons & F	hy	sicians Network Inc	
	Date	Full name of contributor  ut-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	10/21/2025	Eidson, Mark Carroll				5	\$300.00
		Contributor address; City; State; Zip Code					
		Weatherford, TX 76087-6989					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			Self Employed			
	Date	Full name of contributor  ut-of-state PAC (ID#:		)		Amount of Contribution (\$)	
	10/02/2025	Eidson, Sarah					\$55.00
		Contributor address; City; State; Zip Code					
		Weatherford, TX 76087-6989					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	2019 County	/ President		Mark C. Eidson, MD			

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 43/147 Rpt: 62/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/22/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
•	Dringing Loon	Dallas, TX 75252-7953	_	Employer (See Instructions	<u>, ,                                   </u>		
8	Physician Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 10/21/2025	Full name of contributor				Amount of Contribution (\$)	\$99.00
	Deinsinal sass	El Paso, TX 79912-3537		Familia var (Cala Instructions			
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Rio Grande Urology PA			
	Date 10/22/2025	Full name of contributor		)		Amount of Contribution (\$)	\$300.00
		Burleson, TX 76028-7214					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Delta Medical, PA	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_EI Feki, Amro  Contributor address; City; State; Zip Code  Friendswood, TX 77546-4182				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Clear Lake Brain and S		e Institute	
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_ Elisabeth Noelke, MD PA  Contributor address; City; State; Zip Code  Mertzon, TX 76941				Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 44/147 Rpt: 63/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Temple, TX 76502-7904 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Physician			Self Employed			
	Date 10/03/2025	Full name of contributor out-of-state PAC (ID#:_ Elvin, Mariko Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$55.00
		Corpus Christi, TX 78418-8915					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	CMSA Memb	pership 2019-2020		Business Owner	_		
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_ Escobedo, Diana Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$16.50
		Horizon City, TX 79928-5419					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions St. Andrew's Family Me	•	ine Clinic	
	Date 10/10/2025	Full name of contributor out-of-state PAC (ID#:_ Eska, Terry Fuller Contributor address; City; State; Zip Code Gonzales, TX 78629-4733				Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/20/2025	Full name of contributor out-of-state PAC (ID#:_Esparza, Ramon  Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2755		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Cook Children's Health		re System	
			·				

	MONET	ARY POLITICAL (	CONTRIBUTIO	NC 	S 		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 45/147 Rpt: 64/185	
2	FILER NAME Texas Medic	cal Association Political Action	Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/20/2025	<ul> <li>Full name of contributor</li> <li>Evangelina Castaneda, M</li> <li>Contributor address; City; S</li> </ul>			)	7	Amount of Contribution (\$)	\$99.00
		Plano, TX 75093-5826						
8	Principal occu	pation / Job title (See Instructions	s)	9	Employer (See Instructions	5)		
	Date 10/15/2025	Full name of contributor Evans, Carolyn A.  Contributor address; City; S					Amount of Contribution (\$)	\$16.50
	Dringing Lagra	Dallas, TX 75287-4911		_	Faralousy (Co.s. In abrusations			
	Principal occu Physician	pation / Job title (See Instructions	5)		Employer (See Instructions North Dallas Pediatric A		OC.	
	Date 10/02/2025	Full name of contributor Farek, Elizabeth L. Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$55.00
		Corpus Christi, TX 78414	-6128					
	Principal occu Business Ov	pation / Job title (See Instructions vner	s)		Employer (See Instructions Business Owner	s)		
	Date 10/05/2025	Full name of contributor Fawcett, Michael L.  Contributor address; City; S  Dallas, TX 75225-6750	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	;)		Employer (See Instructions Emergency Medicine Co	•	ultants, Ltd.	
	Date 10/05/2025	Full name of contributor Feferman, Robert Scott Contributor address; City; Si Dallas, TX 75248-5602	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)		Employer (See Instructions Self Employed	5)		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	<u>.</u>	SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this forr	m.	1 Total pages Schedule A1: Sch: 46/147 Rpt: 65/185	
2	FILER NAME Texas Medic	cal Association Political Action C	Committee		3 Filer ID (Ethics Commission F 00015658	-ilers)
4	Date 10/05/2025	<ul><li>5 Full name of contributor Fernandes, Laura S.</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: tte; Zip Code	)	7 Amount of Contribution (\$)	\$99.00
	Dringing occu	Spring, TX 77382-2710	lo	Franksyar (Cap Instructions		
8	Physician	upation / Job title (See Instructions)		Employer (See Instructions) Woodlands Heart and V	ascular Institute PA	
	Date 10/16/2025	Full name of contributor Fidone, George Steven  Contributor address; City; Stat	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$99.00
	Principal occu	Lufkin, TX 75901-7733  upation / Job title (See Instructions)		Employer (See Instructions	(3)	
	Physician			Children's Clinic of Lufki		
	Date 10/05/2025	Full name of contributor Fillmore, Tyson J.  Contributor address; City; Stat	out-of-state PAC (ID#: tte; Zip Code		Amount of Contribution (\$)	\$99.00
		Temple, TX 76502-1989				
	Principal occu Physician	upation / Job title (See Instructions)		Employer (See Instructions Self Employed	;)	
	Date 10/02/2025	Full name of contributor Fischer, Barbara L.  Contributor address; City; Stat  Dallas, TX 75234-5205	out-of-state PAC (ID#: tte; Zip Code		Amount of Contribution (\$)	\$25.00
	Principal occu Administrativ	upation / Job title (See Instructions) ve		Employer (See Instructions North Texas SpineCare,		
	Date 10/02/2025	Full name of contributor  Fitz, Amy Lynn  Contributor address; City; Stat  Wolfforth, TX 79382-3201	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	upation / Job title (See Instructions) wner		Employer (See Instructions Business Owner	:)	

	MONEI	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 47/147 Rpt: 66/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/19/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
_	Dringing Lagra	Dallas, TX 75238-1842	_	Franks on (Cas Instructions			
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Baylor Scott & White Or		pedic Associates of Dall	
	Date 10/05/2025	Full name of contributor		)		Amount of Contribution (\$)	\$50.00
	Principal occu	The Colony, TX 75056-4904 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			Self Employed	,		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Florez, Luisa F.  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
		Lubbock, TX 79424-0754					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Fontenot, William Lindsey  Contributor address; City; State; Zip Code  Longview, TX 75605-7083				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Diagnostic Clinic of Long		ew	
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_ Fort Worth Eye Associates  Contributor address; City; State; Zip Code  Fort Worth, TX 76107-3606		)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 48/147 Rpt: 67/185	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action	Committee			00015658	
4	Date 10/02/2025	<ul><li>5 Full name of contributor</li><li>Foster, Karin H.</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$55.00
_		Austin, TX 78731-2832					
8	Principal occu Business Ow	pation / Job title (See Instructions vner	)  9	<ul><li>Employer (See Instructions Business Owner</li></ul>	5)		
	Date 10/23/2025	Full name of contributor France, Ratchnee  Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$99.00
	Dein ein el e e e e	Rice, TX 75155-0121	,	Farada and (One bretweeting	$\overline{\Gamma}$		
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Self Employed	5)		
	Date 10/15/2025	Full name of contributor Frase, Larry Lynn Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
		Longview, TX 75606-3207	7				
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Self Employed	5)		
	Date 10/15/2025	Full name of contributor Fredrickson, Mark Allan Contributor address; City; St Midland, TX 79707-1350	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$49.50
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions Midland Memorial Hosp			
	Date 10/05/2025	Full name of contributor Freiler, John Frederick Contributor address; City; St San Antonio, TX 78251-43	·			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions Premier Allergy of Texas			

	MONEI	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 49/147 Rpt: 68/185	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		al Association Political Action Committee		L	00015658	
4	Date 10/17/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li> <li>Friedman, Jeffrey D.</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$99.00
		Houston, TX 77024-3105				
8	Principal occu	<u> </u>	Employer (See Instructions	<u>L</u> 3)		
	Physician	,	Houston Methodist Insti		e for Reconstructive Sur	
_	Date	Full name of contributor  out-of-state PAC (ID#:_		Г	Amount of Contribution (\$)	
	10/05/2025	Fuentes, Jose A.			Amount of Contribution (4)	\$300.00
	10/03/2023			-		Ψ500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75206-1910				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Advantage Healthcare			
	Date	Full name of contributor  ut-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 occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Ascencion - Providence	Н	ospital	
	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 occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Student		UT Health San Antonio			
	Date	Full name of contributor  ut-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 occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	2019 County	President President	<b>Business Owner</b>			

	MONET	ARY POLITICAL CONTRIBUTION	) N	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 50/147 Rpt: 69/185
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission Filers) 00015658
4	Date 10/05/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$100.00
_		Spring, TX 77379-3247	_		<u> </u>	
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Gardner, Angela Fulgham Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$1,000.00
	Deinsinal sass	Grapevine, TX 76051-6453	_			
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern Medic		Center
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_ Garland Eye Associates  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$99.00
		Garland, TX 75042-7943				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 09/29/2025	Full name of contributor out-of-state PAC (ID#:_Garza, Maria Imelda  Contributor address; City; State; Zip Code  McAllen, TX 78501-1156		)		Amount of Contribution (\$) \$55.00
	·	oation / Job title (See Instructions) SA President		Employer (See Instructions Business Owner	<u>(</u>	
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_Gasper, Stephen G.  Contributor address; City; State; Zip Code  Carrollton, TX 75010-4901		)		Amount of Contribution (\$) \$33.00
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)	
			•			

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 51/147 Rpt: 70/185	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action	Committee			00015658	
4	Date 10/06/2025	<ul><li>5 Full name of contributor</li><li>Gathe, Joseph C.</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
		Bellaire, TX 77401-4318	, — <sub>-</sub> p				
8	Principal occu Physician	pation / Job title (See Instructions	) 9	Employer (See Instructions Self Employed	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/05/2025	Geldernick, Mary Elizabet	h				\$99.00
		Contributor address; City; St	ate; Zip Code				
		New Braunfels, TX 78130	-4157				
		pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Physician			Mary Geldernick			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/20/2025	Ghaffar, Faryal Abdul					\$99.00
		Contributor address; City; St	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u>L</u> S)		
	Physician	`	,	Self Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	10/07/2025	Gibson, Mary Catherine Contributor address; City; St				· ·	\$99.00
		Houston, TX 77098-4215					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Physician			Rheumatology Center o	f H	ouston	
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/16/2025	Gilcrease, Gary L.					\$99.00
		Contributor address; City; St	ate; Zip Code				
		San Marcos, TX 78666-11	106				
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions Self Employed	s)		

	MONET	ARY POLITICAL (	CONTRIBUTION			SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 52/147 Rpt: 71/185	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/17/2025	<ul><li>5 Full name of contributor Gilmer, William S.</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$212.50
		Houston, TX 77005-2613					
8	Principal occu Physician	pation / Job title (See Instructions	9	Employer (See Instructions William S. Gilmer, MD,			
	Date 10/05/2025	Full name of contributor Giralt, Sergio A.  Contributor address; City; Si		)		Amount of Contribution (\$)	\$99.00
	Principal occu	Houston, TX 77005-2333 pation / Job title (See Instructions	9	Employer (See Instructions	z)		
	Physician Physician	pation / 300 title (See matactions	"	Self Employed	۰)		
	Date 10/05/2025	Full name of contributor Gist, Stephen Elliott Contributor address; City; Si	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
		Garland, TX 75041-4468					
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Medical Specialists Ass	-	ated	
	Date 10/05/2025	Full name of contributor Gobert, Charles Robert Contributor address; City; Si Columbus, TX 78934-240		)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Self Employed	5)		
	Date 10/23/2025	Full name of contributor Gomez, Omar A. Contributor address; City; Si Keller, TX 76244-7602	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Kid Care Pediatrics	5)		

	MONEI	ARY POLITICAL CON	VIRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 53/147 Rpt: 72/185	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Medic	al Association Political Action Com	nmittee			00015658	
4	Date 10/05/2025	1	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$300.00
	10/05/2025	Gonzalez, Tomas A.  6 Contributor address; City; State; Z	Zin Code				Φ300.00
		·	ip Code				
_	Delegalent	McAllen, TX 78504-2164	lo lo	Faralassa (Ossalassassasissas	<u></u>		
8	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	•)		
	Date	Full name of contributor 0	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/15/2025	Gonzalez, Vanessa C.					\$33.00
		Contributor address; City; State; Z	Zip Code				
		Corpus Christi, TX 78414-3013	3				
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			Driscoll Children's Urger	nt (	Care	
	Date	<del>-</del>	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/27/2025	Gonzalez, Victor Hugo					\$2,500.00
		Contributor address; City; State; Z	Zip Code				
		McAllen, TX 78504-6089					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			Valley Retina Institute, F	PA		
	Date	Full name of contributor 0	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/02/2025	Goodchild, Ginger Suzanne Contributor address; City; State; Z	Zip Code				\$99.00
		Granbury, TX 76049-4522					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date	<b>—</b>	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/05/2025	Gordon, Rachel A.					\$99.00
		Contributor address; City; State; Z	Zip Code				
		Spring, TX 77389-4340					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Dermsurgery Associates			
	i ilysiciali			Demisurgery Associates			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 54/147 Rpt: 73/185	
2	FILER NAME Texas Medic	cal Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 10/05/2025	<ul><li>Full name of contributor Gottesman, Andrew R.</li><li>Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
		Dallas, TX 75248-2954					
8	Principal occu Physician	pation / Job title (See Instructions	)	9 Employer (See Instructions Cooper Clinic, PA	s)		
	Date 10/05/2025	Full name of contributor Gottimukkala, Sri Bala Ra Contributor address; City; St	-			Amount of Contribution (\$)	\$99.00
		Frisco, TX 75035-4607  upation / Job title (See Instructions	;)	Employer (See Instructions	s)		
	Physician			Self Employed	_		
	Date 10/20/2025	Full name of contributor Gould, K. Lance Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
		Houston, TX 77005-2539					
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions UTMSH - Dept of Cardio	-	scular Medicine	
	Date 10/22/2025	Full name of contributor Grabski, William J.  Contributor address; City; St  Bullard, TX 75757-7309	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions U.S. Dermatology Partn		- East Texas	
	Date 10/05/2025	Full name of contributor Gray, Laura A.  Contributor address; City; St  Austin, TX 78704-1334	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$300.00
	Principal occu Physician	Ipation / Job title (See Instructions	)	Employer (See Instructions Encompass Health Reh		litation Hospital of Austin	

	MONEI	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 55/147 Rpt: 74/185	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action Committee				00015658	
4	Date 09/29/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID# Gray, Sharette Kirsten</li> <li>Contributor address; City; State; Zip Code</li> </ul>	#:	)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Austin, TX 78730-4305 pation / Job title (See Instructions)	T <sub>0</sub>	Employer (See Instructions	;)   		
Ü	Physician	pation 7 300 title (See instructions)		Self Employed	')		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID# Grebennikov, Vladimir A.  Contributor address; City; State; Zip Code	<u> </u>	)		Amount of Contribution (\$)	\$99.00
	D: : 1	Richardson, TX 75080-6215			Ĺ		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions A-Care Medical PA	5)		
	Date	Full name of contributor	<u> </u>	, care medical 171	_	Amount of Contribution (\$)	
	10/22/2025	Full name of contributor				Amount of Contribution (\$)	\$99.00
		Dallas, TX 75218-4322					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Maternal Fetal Medicine	C	ons of Dallas	
	Date 10/21/2025	Full name of contributor out-of-state PAC (ID# Greer, T. David  Contributor address; City; State; Zip Code  Henrietta, TX 76365-3226	t:	)		Amount of Contribution (\$)	\$300.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions T. David Greer MD and		sociates	
	Date 10/17/2025	Full name of contributor out-of-state PAC (ID# Gregory G. Schwartz, M.D., P.A.  Contributor address; City; State; Zip Code  Weatherford, TX 76086	<u>*</u> #:			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRI	SCHEDULE A1				
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 56/147 Rpt: 75/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 10/09/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$1,000.00
_		San Antonio, TX 78232	1-				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/05/2025	Grey, Curtis Eric				Amount of Contribution (\$)	\$99.00
	Delicational	New Braunfels, TX 78132-4333	1	Frankrije (Gaalinatii an	$\overline{\Gamma}$		
	Principal occui Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/15/2025 Griffin, William C.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$33.00		
		Sonora, TX 76950-7132					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Lillian M Hudspeth Mem	•	al Hospital	
	Date 10/16/2025	Griffith, Clark W.				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Health Central Women's		are-Dallas	
	Date 10/03/2025	Gross, Lisa		)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 57/147 Rpt: 76/185	
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/17/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$99.00
_		Austin, TX 78702-3406		_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Guha, Sushovan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	Missouri City, TX 77459-3169 pation / Job title (See Instructions)	Employer (See Instructions	:) [		
	Physician	pation, cos title (cos monactions)	Houston Regional Gastr		nterology Institute	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Gulley, Christopher O.  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$99.00
		Amarillo, TX 79124-4985				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Amarillo Medical Specia	•	s LLP	
	Date 10/07/2025	Full name of contributor out-of-state PAC (ID#:_ Gunter, Ryan D. Contributor address; City; State; Zip Code  Houston, TX 77035-4932			Amount of Contribution (\$)	\$10.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Houston Colon	5)		
	Date 10/07/2025	Full name of contributor out-of-state PAC (ID#:_ Gunter, Ryan D. Contributor address; City; State; Zip Code  Houston, TX 77035-4932	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Houston Colon	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 58/147 Rpt: 77/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/20/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Gutierrez, Amy J.</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Giddings, TX 78942 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
_	Physician		_	Impact Urgent Care	·)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Gutierrez, Maureen Shevlin Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Deirectional	Dallas, TX 75238-1829	_	Fanda and (Carabantan times	<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/05/2025 Haden, James Russell  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00		
		Dallas, TX 75220-1907					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions James R. Haden, MD P	′		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Hahn, Yoav  Contributor address; City; State; Zip Code  Dallas, TX 75230-2412		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Dallas Ear Institute	<u>(</u>		
	Date 10/10/2025	Full name of contributor out-of-state PAC (ID#:_ Haidenberg, Jaime  Contributor address; City; State; Zip Code  Plano, TX 75093-5826		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Natan Yaker, MD PA	5)		
		·					

	MONEI	ARY POLITICAL (	SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 59/147 Rpt: 78/185	
2	FILER NAME	al Association Political Action	Committee		<b>3</b> Filer ID (Ethics Commission F 00015658	-ilers)
_						
4	Date 10/05/2025	<ul><li>5 Full name of contributor Hakim, Paul Fereidon</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	\$99.00
	Drive in all account	Amarillo, TX 79118-9336	. I	O Familia de Constituido de Constitu		
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions		
	Physician			High Plains Radiologica	II Association	
	Date 10/03/2025	Full name of contributor Haley, Stephanie Contributor address; City; S	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	\$55.00
		Dallas, TX 75230-5407				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)	
	Business Ow	vner		<b>Business Owner</b>		
	Date 10/05/2025			Amount of Contribution (\$)	\$99.00	
		Lufkin, TX 75904-0443				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)	
	Physician			Self Employed		
	Date 10/15/2025	Full name of contributor Harrison, Samuel Hills Contributor address; City; S Bryan, TX 77802-4309	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Brazos Valley Urology A		
	Date	Full name of contributor	out-of-state PAC (ID#:	, 3,	Amount of Contribution (\$)	
	10/05/2025	Haug, Yvonne Kay Contributor address; City; S	tate; Zip Code			\$99.00
	Dringinal accur	Fredericksburg, TX 78624		Employer (See Instructions	1	
	Principal occu Physician	pation / Job title (See Instructions	) 	Employer (See Instructions Mid Texas Health Care		

	MONEI	ARY POLITICAL C	ONTRIBUTION	<b>NS</b>	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm.	1 Total pages Schedule A1: Sch: 60/147 Rpt: 79/185	
2	FILER NAME Texas Medic	cal Association Political Action	Committee		3 Filer ID (Ethics Commission F 00015658	-ilers)
4	Date 10/14/2025	Full name of contributor     Hawksworth, Shane Alexa     Contributor address; City; St			7 Amount of Contribution (\$)	\$99.00
_		El Paso, TX 79912-7514				
8	Principal occu Physician	pation / Job title (See Instructions	) 9	Employer (See Instructions William Beaumont Army		
	Date 10/15/2025	Full name of contributor Hebeler, Robert F. Contributor address; City; St	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$99.00
	Principal occu	Dallas, TX 75220-1925	(3)	Employer (See Instructions	s)	
	Physician	paner, ees ane (ees mensene	,	Robert F. Hebeler, Jr., N		
	Date 10/15/2025	Full name of contributor Heil, Thomas Luke  Contributor address; City; St	out-of-state PAC (ID#:tate; Zip Code	)	Amount of Contribution (\$)	\$300.00
		Dallas, TX 75205-1905				
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Physician Partners of A	<i>'</i>	
	Date 10/17/2025	Full name of contributor Henkes, David Norman Contributor address; City; St San Antonio, TX 78209-22			Amount of Contribution (\$)	\$625.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Pathology Reference La		
	Date 10/05/2025	Full name of contributor Hibbitts, John McCartney Contributor address; City; St Dallas, TX 75225-6931			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	ipation / Job title (See Instructions	.)	Employer (See Instructions Sunnyvale Sports Medic	s) cine and Orthopedic Surgery C	

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 61/147 Rpt: 80/185		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Texas Medic	al Association Political Action Committee				00015658		
4	Date 10/07/2025	5 Full name of contributor out-of-state PAC (II Hick, Ryan Walter			7	Amount of Contribution (\$)	\$99.00	
		6 Contributor address; City; State; Zip Code Southlake, TX 76092-2533						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>			
	Physician			ProPath	-,			
	Date	Full name of contributor  ut-of-state PAC (II	D#:			Amount of Contribution (\$)		
	10/05/2025	Hilmi, John O.					\$99.00	
		Contributor address; City; State; Zip Code			1			
		Wichita Falls, TX 76308-1323						
	Principal occu	pation / Job title (See Instructions)	$\overline{}$	Employer (See Instructions	;) 			
	Physician			Titanium Emergency Gr		o, LLP		
	Date	Full name of contributor  ut-of-state PAC (II	D#·	)		Amount of Contribution (\$)		
	10/21/2025	Hitchcock, Linda Uhrig	<i></i>			7 anotant or Continuation (4)	\$99.00	
		Contributor address; City; State; Zip Code						
		, , , , , , , , , , , , , , , , , , ,						
		San Angelo, TX 76904-1536						
		pation / Job title (See Instructions)		Employer (See Instructions	s)			
	Physician			Self Employed				
	Date	Full name of contributor  ut-of-state PAC (II	D#:	)		Amount of Contribution (\$)		
	10/10/2025	Hohnadel, Michael R.					\$99.00	
		Contributor address; City; State; Zip Code			]			
		Harlingen, TX 78550-8279						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Physician	,		Rio Valley Dermatology		1		
	Date	Full name of contributor  ut-of-state PAC (II	D#·	)	Г	Amount of Contribution (\$)		
	10/21/2025	Holcomb, John Robert	D#			γ another of Contribution (Φ)	\$300.00	
		Contributor address; City; State; Zip Code			ł			
		San Antonio, TX 78255-3447						
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Physician			IMA Clinical Research				
			•					

	MONEI	ARY POLITICAL CONTRI	BUTION	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 62/147 Rpt: 81/185	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	ı Filers)
4	Date 10/17/2025	Holland, Bradford W.	PAC (ID#:	)	7	Amount of Contribution (\$)	\$208.34
		Waco, TX 76712-7565					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 10/20/2025	Full name of contributor out-of-state Holsomback, Thomas N.  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu	Baytown, TX 77520-5768 pation / Job title (See Instructions)		Employer (See Instructions Thomas N. Holsomback		ID, PA	
	Date 10/02/2025	Full name of contributor out-of-state Hommer, Kitty  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$55.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Business Owner	<u> </u> 5)		
	Date 10/06/2025	Full name of contributor out-of-state Hong, Chian Huey	-	)		Amount of Contribution (\$)	\$99.00
	Principal occu	Arlington, TX 76012-3200 pation / Job title (See Instructions)		Employer (See Instructions Key- Whitman Eye Cent			
	Date 10/15/2025	Full name of contributor out-of-state Hope, Richard H.  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
		Lubbock, TX 79424-5111					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Lubbock Dermatology &		kin Cancer Center, LLP	

	MONEI	ARY POLITICAL CON	SCHEDULE A1			
	The Instru	ction Guide explains how to co	omplete this forr	m.	1 Total pages Schedule A1: Sch: 63/147 Rpt: 82/185	
2	FILER NAME	al Association Pulliford Author Cons			3 Filer ID (Ethics Commission Files	lers)
		al Association Political Action Comr			00015658	
4	Date 10/12/2025	<ul> <li>5 Full name of contributor</li></ul>	t-of-state PAC (ID#:  o Code		7 Amount of Contribution (\$)	\$99.00
_		Amarillo, TX 79119-6261	I-			
8		pation / Job title (See Instructions)	9	Employer (See Instructions		
	Physician			Panhandle Obstetrics ar	nd Gynecology	
	Date 10/15/2025	Full name of contributor our our Hopper, Ken C. Contributor address; City; State; Zip	t-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$16.67
		Fort Worth, TX 76107-1907				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)	
	Physician The Hopper Group-Hop			per Health Strategies		
	Date 10/05/2025	Full name of contributor our Howell, Daniel L.  Contributor address; City; State; Zig	t-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$99.00
		Houston, TX 77009-7753				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)	
	Physician	,		Bayou City Surgical Spe	,	
	Date 10/05/2025	Full name of contributor our Huang, Philip P.  Contributor address; City; State; Zip  Dallas, TX 75204-2499	t-of-state PAC (ID#:		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Dallas County Health &		
	Date 10/02/2025	Full name of contributor our Hubbard, Willie Contributor address; City; State; Zip Corpus Christi, TX 78414-2800	t-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	)	

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	ction Guide explains how to complete this	for	rm.	1	Total pages Schedule A1: Sch: 64/147 Rpt: 83/185		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Texas Medic	al Association Political Action Committee				00015658		
4	Date 10/05/2025	5 Full name of contributor ☐ out-of-state PAC (ID# Huber, Trevor Kyle	#:	)	7	Amount of Contribution (\$)	\$99.00	
		6 Contributor address; City; State; Zip Code						
_	Delicate at a second	Frisco, TX 75034-6838	٦,	Faralassa (O. a. la atmostica a	<u> </u>			
8	Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Modera GI	<del></del>			
	Date	Full name of contributor  ut-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 occu	oation / Job title (See Instructions)		Employer (See Instructions	5)			
	Physician Abilene Physician Group			р				
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 occu	pation / Job title (See Instructions)		Employer (See Instructions	;) 			
	Physician			The Emergency Ctr	,			
	Date	Full name of contributor	<u>.</u>	)	Г	Amount of Contribution (\$)		
	10/04/2025	Hughes, Charles Von Oden  Contributor address; City; State; Zip Code				7 anoant or Continuation (4)	\$99.00	
		Levelland, TX 79336-1289						
		oation / Job title (See Instructions)		Employer (See Instructions				
	Physician			Cochran Memorial Hosp	oita			
	Date	Full name of contributor  ut-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						
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Physician			Precision Pathology				

	MONEI	ARY POLITICAL CONTRIBUTI	ON5	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 65/147 Rpt: 84/185
2	FILER NAME Texas Medic	al Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4	Date 09/27/2025	<ul> <li>Full name of contributor</li></ul>	#:)	7 Amount of Contribution (\$) \$2,550.00
		Corpus Christi, TX 78411-1512		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	
	Date 10/05/2025	Full name of contributor	#:)	Amount of Contribution (\$) \$99.00
	Principal occu	Keller, TX 76262-7352 pation / Job title (See Instructions)	Employer (See Instructions	5)
	Physician		Pediatric Eye Specialist	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID: Hurd, Cheryl Lynn Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$99.00
	Principal occu	Hudson Oaks, TX 76087-3625 pation / Job title (See Instructions)	Employer (See Instructions	
	Physician	,	TCU Burnett School of	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID: Hurlbut, Stephen C.  Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$99.00
	Principal occu Physician	Weatherford, TX 76088-2025 pation / Job title (See Instructions)	Employer (See Instructions Neurology Specialists o	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID: Indeyeva, Yula Alexandria  Contributor address; City; State; Zip Code  Austin, TX 78730-1464		Amount of Contribution (\$) \$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Facial Plastic Surgery o	
	-		_1	

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 66/147 Rpt: 85/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$99.00
		Plano, TX 75093-7570					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Texas Health Care, P.L.			
	Date 09/28/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Principal occu	Houston, TX 77024-5639 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Physician					edics & Sports Medicine -	
	Date 10/21/2025	Full name of contributor		)		Amount of Contribution (\$)	\$99.00
		Midland, TX 79707-1402					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Jeffrey, Douglas D. Contributor address; City; State; Zip Code  Austin, TX 78704-2005		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions US Acute Care Solution			
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_ Jensen, Tammy  Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2634				Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	s)		

	MONEI	ARY POLITICAL CONTRIBUT	IION	IS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 67/147 Rpt: 86/185	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		al Association Political Action Committee				00015658	
4	Date 10/06/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (II Jerry, Krystal L.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$99.00
		Pearland, TX 77584-4564					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Physician			Primary Steps Pediatric	Cli	nic	
	Date 10/05/2025	Full name of contributor out-of-state PAC (II Jesudass, Samson W.  Contributor address; City; State; Zip Code	ID#:			Amount of Contribution (\$)	\$99.00
		Taylor, TX 76574					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			Seton Healthcare Netwo	ork		
	Date 10/02/2025	Full name of contributor out-of-state PAC (II Jones, Cheryl  Contributor address; City; State; Zip Code	ID#:	)		Amount of Contribution (\$)	\$55.00
		Temple, TX 76502-4816					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	TMAA Presid	lent 2013-14		Business Owner			
	Date 10/12/2025	Full name of contributor out-of-state PAC (I Jones, Jason Patrick  Contributor address; City; State; Zip Code  Midland, TX 79707-1726	ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (II Jones, Jay McCutcheon  Contributor address; City; State; Zip Code  Dallas, TX 75254-7822	ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Medical Specialists Asso		ated	

	MONET	ARY POLITICAL CONTRIBUTION	)N	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 68/147 Rpt: 87/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/07/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
		Temple, TX 76502-4816					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Baylor Scott & White He		h-Central Texas	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Jones, Woodson Scott  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Principal occu	San Antonio, TX 78240-2546 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician	,		UT Health San Antonio	,		
	Date 10/21/2025	Full name of contributor out-of-state PAC (ID#:_ Jose G Dones MD PA  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Harlingen, TX 78550-8770					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Jose, Cherrie L.  Contributor address; City; State; Zip Code  Lubbock, TX 79424-1461				Amount of Contribution (\$)	\$125.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/09/2025	Full name of contributor out-of-state PAC (ID#:_ Jussa, Murad Mohammed Ali Contributor address; City; State; Zip Code Frisco, TX 75035-1003		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			-				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS			SCHEDULE	<b>E A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.		1	Total pages Schedule A1: Sch: 69/147 Rpt: 88/185	
2	FILER NAME Texas Medic	cal Association Political Action	Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/06/2025	Full name of contributor     Kadour Rodriguez, Jacinto     Contributor address; City; Sta			)	7	Amount of Contribution (\$)	\$99.00
		Weslaco, TX 78596-5587						
8	Principal occu Physician	pation / Job title (See Instructions)	)		loyer (See Instructions nonary & Sleep Cer		Of The Valley	
	Date 10/05/2025	Full name of contributor Kainer Erwin, Melissa A. Contributor address; City; Sta	·				Amount of Contribution (\$)	\$99.00
_	Principal occu	El Campo, TX 77437-2871		Emp!	loyer (See Instructions	 s)		
	Physician				ssa A. Kainer Erwin		D PA	
	Date 10/05/2025	Full name of contributor Kainth, Manvinder K.  Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Coppell, TX 75019-2755						
	Principal occu Physician	pation / Job title (See Instructions)	)		loyer (See Instructions le Primary Care	s) 		
	Date 10/21/2025	Full name of contributor Kaur, Amandeep Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		-	loyer (See Instructions Employed	5)		
	Date 10/05/2025	Full name of contributor Kay, Thomas Milton Contributor address; City; Sta			)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	)		loyer (See Instructions Employed	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 70/147 Rpt: 89/185	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/05/2025	<ul><li>5 Full name of contributor Kazi, Fareha Abid</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Frisco, TX 75034-8178 pation / Job title (See Instructions	s) !	Employer (See Instructions     Self Employed	S)		
	Date 10/23/2025	Full name of contributor Kelly, Richard Joseph Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Crockett, TX 75835-2256 pation / Job title (See Instructions	5)	Employer (See Instructions Self Employed	<u> </u> s)		
	Date 10/05/2025	Full name of contributor Kendrick, Brad Thomas Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$300.00
	•	Abilene, TX 79602-5456 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Physician  Date 10/15/2025	Full name of contributor Kendrick, Roy B. Contributor address; City; S Rochelle, TX 76872-0098		Self Employed	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Self Employed	5)		
	Date 10/22/2025	Full name of contributor Kennedy, Julie E. Contributor address; City; S Dallas, TX 75287-4022	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Baylor Scott & White Da		s Diagnostic Association	

	MONEI	ARY POLITICAL CONTRIBI	UHON	15		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 71/147 Rpt: 90/185	
2	FILER NAME	al Appaiation Political Action Committee			3	Filer ID (Ethics Commission	Filers)
_		al Association Political Action Committee			L	00015658	
4	Date 10/05/2025	<ul> <li>5 Full name of contributor  out-of-state PA</li></ul>	AC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76123-1893					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Physician			Dialysis Associates - Te	xas	S Kidney Consultants	
	Date 10/02/2025	Full name of contributor out-of-state PA Kerbow, Beverly Musgrove Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$55.00
		Georgetown, TX 78628-6971					
		pation / Job title (See Instructions)		Employer (See Instructions	<b>(</b> )		
	Business Ow	/ner		Business Owner			
	Date 10/15/2025	Full name of contributor out-of-state PA Khalid A. Ghazy, M.D. P.A.  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$99.00
		Laredo, TX 78045-8160					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAKhan, Farhan Anwar Contributor address; City; State; Zip Code Miami, FL 33165-5648	AC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Baylor Medical Center A		rapevine	
	Date 10/05/2025	Full name of contributor out-of-state PA Khan, Muhammad B.  Contributor address; City; State; Zip Code  Pearsall, TX 78061-3912	AC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Khan Medical Clinic	5)		

	MONEI	ARY POLITICAL CONT	RIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to cor	nplete this form	n.	1	Total pages Schedule A1: Sch: 72/147 Rpt: 91/185	
2	FILER NAME Texas Medic	al Association Political Action Commi	ttee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date		f-state PAC (ID#:	)	7	Amount of Contribution (\$)	
-	10/09/2025	Khan, Numan A.	1 State 1 710 (1511	,	-	, anount of contains about (4)	\$99.00
		6 Contributor address; City; State; Zip 0					
		Houston, TX 77006-5494					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions			
	Physician			Youris Cardiology Assoc	ciat	es	
	Date	Full name of contributor  ut-o	f-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 occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>		
	Physician			La Magna Health PLLC			
	Date	Full name of contributor out-o	f-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 occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician			Self Employed			
	Date	Full name of contributor out-o	f-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 occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Physician	,		CompHealth	,		
	Date	Full name of contributor out-o	f-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/14/2025	King, Craig Kent					\$300.00
		Contributor address; City; State; Zip 0	Code				
		Longview, TX 75604-2716					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician			Self Employed	,		
_				. ,			

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 73/147 Rpt: 92/185	
2	FILER NAME Texas Medic	al Association Political Action	ı Committee		3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 10/15/2025	<ul><li>5 Full name of contributor King, David Tyler</li><li>6 Contributor address; City; Si</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$16.50
	<u> </u>	Laredo, TX 78045-7174					
8	Principal occu Physician	pation / Job title (See Instructions	(S)	9 Employer (See Instructions Self Employed	s)		
	Date 10/05/2025	Full name of contributor Klaus, Bart D. Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu	Columbus, TX 78934-228 pation / Job title (See Instructions		Employer (See Instructions	 s)		
	Physician	,		Self Employed			
	Date 10/05/2025	Full name of contributor Klein, Amy Walla Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
		Whitesboro, TX 76273-68	394				
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Amy L. Klein, DO & Ass		iates LLC	
	Date 10/05/2025	Full name of contributor Knecht, John George Contributor address; City; S League City, TX 77573-20				Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions CLS Health	s)		
	Date 10/05/2025	Full name of contributor Knopp, Victor C. Contributor address; City; S  Katy, TX 77450-5387	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Victor C. Knopp, Jr., MI		amily Medicine	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 74/147 Rpt: 93/185	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/02/2025	<ul><li>5 Full name of contributor Kobs, Marilyn</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$55.00
8	Principal occu Business Ow		5)	9 Employer (See Instructions Business Owner	5)		
	Date 10/24/2025	Full name of contributor Koehler, Michelle Z.  Contributor address; City; St		)	•	Amount of Contribution (\$)	\$300.00
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions Self Employed	<u> </u> S)		
	Date 10/05/2025	Full name of contributor Kouyoumjian, Adam L. Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Drincinal occu	Frisco, TX 75034-2176 pation / Job title (See Instructions	<u>,                                      </u>	Employer (See Instructions	-, 		
	Physician	pation / 300 the (See Instructions		OrthoTexas	·)		
	Date 10/17/2025	Full name of contributor Kridel, Russell W. H.  Contributor address; City; St  Houston, TX 77005-2204	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$625.00
	Principal occu Physician	pation / Job title (See Instructions	(3)	Employer (See Instructions Facial Plastic Surgery A	•	ociates	
	Date 10/05/2025	Full name of contributor Krol, Michael Contributor address; City; Si Austin, TX 78750-8313	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Austin Geriatric Special			

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 75/147 Rpt: 94/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Southlake, TX 76092-9554 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	s)		
	Date 10/24/2025	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Dallas, TX 75229-5571 pation / Job title (See Instructions)		Employer (See Instructions Dallas IVF LLC	<u> </u> s)		
	Date 10/07/2025	Full name of contributor out-of-state PAC (ID#:_ Kuban, David L. Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$99.00
		Granbury, TX 76048-2645 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Physician  Date  10/05/2025	Full name of contributor out-of-state PAC (ID#:_Laird, Nicole Allison  Contributor address; City; State; Zip Code  Austin, TX 78739-1940		Lakeside Physicians	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u> 5)		
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_Lairmore, Karen  Contributor address; City; State; Zip Code  Shreveport, LA 71106-5500		)		Amount of Contribution (\$)	\$55.00
	•	pation / Job title (See Instructions) AA President		Employer (See Instructions Business Owner	s)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULE	<b>E A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 76/147 Rpt: 95/185	
2	FILER NAME Texas Medic	cal Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 09/26/2025	Full name of contributor     Lampe, Craig Anthony     Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$99.00
_		Lubbock, TX 79423-1243					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Covenant Health Systen			
	Date 10/08/2025	Full name of contributor  Lange, Richard Allen  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
_	Principal occi	El Paso, TX 79905-2827	<del></del>	Employer (See Instructions	·,		
	Physician Physician	pation / Job title (See Instructions)		Texas Tech Univ-El Pas			
	Date 10/17/2025	Full name of contributor  Larrier, Deidre R.  Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$99.00
		Houston, TX 77030-1150					
	Principal occu Physician	ipation / Job title (See Instructions)		Employer (See Instructions Baylor - Pediatric Otolar		gology	
	Date 10/05/2025	Full name of contributor Laue, Richard Reardon Contributor address; City; Sta				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	ipation / Job title (See Instructions)		Employer (See Instructions Texas State University S		dent Health Center	
	Date 10/03/2025	Full name of contributor LeSauvage, Joan Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$55.00
	Principal occu Administrativ	upation / Job title (See Instructions)		Employer (See Instructions Ramsey Fritz Jewels	s)		
			·				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 77/147 Rpt: 96/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	-ilers)
4	Date 10/05/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
8		Tyler, TX 75703-5608 pation / Job title (See Instructions)	9	Employer (See Instructions	•		
	Physician  Date 10/17/2025	Full name of contributor out-of-state PAC (ID#:_ Lee, Chevy Chu  Contributor address; City; State; Zip Code			ec	ision Emergency Physicia  Amount of Contribution (\$)	\$75.00
	Principal occu Physician	McAllen, TX 78501-1106 pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Lee, Daria B.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Houston, TX 77003-3316 pation / Job title (See Instructions)		Employer (See Instructions	•		
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_ Lee, Susan Contributor address; City; State; Zip Code		Daria B. Lee, M.D., P.A.		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	Corpus Christi, TX 78418-9217 Dation / Job title (See Instructions) Ther		Employer (See Instructions Business Owner	i)		
	Date 10/06/2025	Full name of contributor out-of-state PAC (ID#:_Lemecha, Dorothy E.  Contributor address; City; State; Zip Code  Hockley, TX 77447-3826				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions Houston Northwest Eme		ency Specialists, PLLC	

	MONEI	ARY POLITICAL (	SCHEDULE A1				
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 78/147 Rpt: 97/185	
2	FILER NAME Texas Medic	al Association Political Action	n Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/05/2025	<ul><li>5 Full name of contributor Lerma, Sammy</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Bastrop, TX 78602-3595 pation / Job title (See Instructions	s) <u></u> §	Employer (See Instructions Self Employed	<u> </u> 5)		
	Date 10/14/2025	Full name of contributor Levy, Steven J. Contributor address; City; S Houston, TX 77056-3570		)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions Hillcroft Medical Clinic	<u>l</u> S)		
	Date 10/02/2025	Full name of contributor Lewis, Jennifer Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code	)	•	Amount of Contribution (\$)	\$300.00
	Principal occu	Burton, TX 77835-5777 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	CMSA TMAA	A Board		<b>Business Owner</b>			
	Date 10/05/2025	Full name of contributor Liedtke, Jennifer G.  Contributor address; City; S  Sweetwater, TX 79556-79		)		Amount of Contribution (\$)	\$125.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Discovery Medical Netw		<	
	Date 10/21/2025	Full name of contributor Lightner Professional Ass Contributor address; City; S Harlingen, TX 78550-741	tate; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CO	NIKIBUTION	15	SCHEDULE A	<b>A1</b>
	The Instru	ction Guide explains how to	complete this for	m.	1 Total pages Schedule A1: Sch: 79/147 Rpt: 98/185	
2	FILER NAME Texas Medic	cal Association Political Action Co	mmittee		3 Filer ID (Ethics Commission Fil 00015658	lers)
4	Date 10/17/2025	<ul><li>5 Full name of contributor  Lockhart, Asa C.</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$99.00
		Tyler, TX 75703-0301				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	)	
	Date 10/05/2025	Full name of contributor Loe, Erin K.  Contributor address; City; State;  Wichita Falls, TX 76308-4405	•		Amount of Contribution (\$)	\$99.00
		pation / Job title (See Instructions)		Employer (See Instructions		
	Physician			Texoma Rheumatology		
	Date 10/13/2025	Full name of contributor Lorimer, Carolyn  Contributor address; City; State;	out-of-state PAC (ID#: Zip Code		Amount of Contribution (\$)	\$55.00
	5	Fort Worth, TX 76132-4550				
	Business Ov	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	)	
	Date 10/14/2025	Lowry, Stephen R.  Contributor address; City; State;			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Abilene, TX 79606-5607 pation / Job title (See Instructions)		Employer (See Instructions Hendrick Provider Netwo		
	Date 10/21/2025	Luna, Jeffrey L.	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)	
			<b>'</b>			

	MONEI	ARY POLITICAL CON	NIRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to c	omplete this forr	n.	ı	Total pages Schedule A1: Sch: 80/147 Rpt: 99/185	
2	FILER NAME	al Apposition Political Action Com	umitta a		ı	Filer ID (Ethics Commission	Filers)
		al Association Political Action Com			_	00015658	
4	Date 10/14/2025	<ul> <li>Full name of contributor</li></ul>	ut-of-state PAC (ID#:	)	7 	Amount of Contribution (\$)	\$99.00
	Drivatinal case	Keller, TX 76248-0267	I o	Familia of (Cool Instructions			
8		pation / Job title (See Instructions)	9	Employer (See Instructions		<b>.</b>	
	Physician			Clearview Laser Vision (	Cen	ter 	
	Date 10/17/2025	Full name of contributor on the state of contributor on the state of t	ut-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$100.00
		Bellaire, TX 77401-4826					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			MD Anderson			
	Date 10/02/2025	Full name of contributor on Madi, Sandra  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$55.00
		Rancho Viejo, TX 78575-9409					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Business Ow			Business Owner	,		
	Date	Full name of contributor	ort of otata DAC (ID)		Г	Amount of Contribution (\$)	
	10/05/2025	Magee, Michael S.  Contributor address; City; State; Z  Fort Worth, TX 76126-4955	ut-of-state PAC (ID#: ip Code	)		Amount of Continuation (\$)	\$99.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Integrative Emergency S	Serv	ices Residency Program	
	Date 10/05/2025	Magee, Norma S.	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
		Contributor address; City; State; Z  McAllen, TX 78504-1900	ip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Allure Dermatology (Nor	rma	Magee, MD)	
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	N _	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 81/147 Rpt: 100/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/06/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
		Conroe, TX 77384-2106					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Surgical Group of the W		dlands	
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_Magoon, Sheila Marie  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Principal occu	Harlingen, TX 78550-8138 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Physician Physician	pation / Job title (See Instructions)		South Texas Physician		ance	
	Date 10/21/2025	Full name of contributor		)		Amount of Contribution (\$)	\$99.00
		Irving, TX 75039					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Maier, Kathryn L.  Contributor address; City; State; Zip Code  Spring, TX 77379-4222		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Dell Children's Medical		pup	
	Date 10/21/2025	Full name of contributor out-of-state PAC (ID#:_Malav, David  Contributor address; City; State; Zip Code  Lubbock, TX 79407-2887		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Covenant Medical Grou			

	MONEI	ARY POLITICAL (	CONTRIBUTIO	ONS	SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 82/147 Rpt: 101/185	
2	FILER NAME	al Association Bullitani Astron	O		3 Filer ID (Ethics Commission Fi	lers)
		al Association Political Action			00015658	
4	Date 10/17/2025	<ul><li>5 Full name of contributor Marcincuk, Michelle C.</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ :::::::::::::::::::::::::::::::::::	)	7 Amount of Contribution (\$)	\$20.00
_		Fort Worth, TX 76132-545				
8		pation / Job title (See Instructions	3)	9 Employer (See Instructions		
	Physician			Cook Children's Physici	lans Network	
	Date 10/05/2025	Full name of contributor Marsh, William Stevens Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		Amount of Contribution (\$)	\$99.00
		Belton, TX 76513-7846				
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)	
	Physician			Self Employed		
	Date 10/05/2025	Full name of contributor Marshall, C. Perry Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)	Amount of Contribution (\$)	\$99.00
		Tyler, TX 75709-8909				
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	 S)	
	Physician	,	,	Solo Practice	,	
	Date 10/05/2025	Full name of contributor Marshall, Kimberly S.  Contributor address; City; St  Southlake, TX 76092-171		)	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Kimberly Salinas Marsh		
	Date 10/08/2025	Full name of contributor Martin, James Rick Contributor address; City; St	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Self Employed	5)	

	MONET	ARY POLITICAL (	CONTRIBUTION	NS 		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this for		1	Total pages Schedule A1: Sch: 83/147 Rpt: 102/18	5
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 10/02/2025	<ul><li>5 Full name of contributor Martinez, Maria Victoria</li><li>6 Contributor address; City; Si</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$30.00
		Corpus Christi, TX 78411					
8	Principal occu Business Ov	pation / Job title (See Instructions vner	9	Employer (See Instructions Business Owner	s)		
	Date 10/07/2025	Full name of contributor Martinez, Marte A. Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu	Laredo, TX 78045-8956 pation / Job title (See Instructions	(3)	Employer (See Instructions	s)		
	Physician	(	,	Marte A Martinez MD, F		С	
	Date 10/15/2025	Full name of contributor  Mary Josephine Godinich  Contributor address; City; S		)		Amount of Contribution (\$)	\$1,000.00
		Texas City, TX 77591					
	Principal occu	pation / Job title (See Instructions	s) 	Employer (See Instructions	s)		
	Date 10/25/2025	Full name of contributor Masciale, Angelica A.  Contributor address; City; S  Corpus Christi, TX 78413	tate; Zip Code	)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ov	pation / Job title (See Instructions vner	(3)	Employer (See Instructions Business Owner	s)		
	Date 10/03/2025	Full name of contributor  Massingill, Debbie  Contributor address; City; S  Fort Worth, TX 76109-27	•			Amount of Contribution (\$)	\$55.00
	Principal occu Business Ov	pation / Job title (See Instructions vner	s)	Employer (See Instructions Business Owner	s)		
			L				

	MONEI	ARY POLITICAL CO	ONTRIBUTION		SCHE	EDULE A1
	The Instru	ction Guide explains how t	to complete this for	m.	1 Total pages Schedule Sch: 84/147 Rpt: 10	
2	FILER NAME Texas Medic	cal Association Political Action C	Committee		3 Filer ID (Ethics Come 00015658	mission Filers)
4	Date 10/17/2025	Full name of contributor     Masters, Patrick Allen     Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code		7 Amount of Contribution	n (\$) \$250.00
	Dringing occ	San Antonio, TX 78230-585		Employer (See Instructions		
8	Physician	ipation / Job title (See Instructions)		Employer (See Instructions) Gastroenterology Consu	sultants of San Antonio-M	
	Date 10/05/2025	Full name of contributor  Mathew, Anita  Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code	)	Amount of Contribution	\$99.00 \$99.00
		Carrollton, TX 75007-1601 upation / Job title (See Instructions)		Employer (See Instructions)	ls)	
	Physician	<u> </u>		Self Employed	·	
	Date 10/20/2025	Full name of contributor  Mathur, Monika  Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code	)	Amount of Contribution	\$99.00
		Fort Worth, TX 76107-3739	)			
	Principal occu Physician	ipation / Job title (See Instructions)		Employer (See Instructions) Self Employed	is)	
	Date 10/20/2025	Full name of contributor  Matthews, G. Philip  Contributor address; City; State  Arlington, TX 76006-3200	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution	n (\$) \$99.00
	Principal occu Physician	upation / Job title (See Instructions)		Employer (See Instructions) Self Employed	Is)	
	Date 10/05/2025	Full name of contributor  Maxwell, Laura Katie  Contributor address; City; State  AUSTIN, TX 78759-3732	out-of-state PAC (ID#: te; Zip Code		Amount of Contribution	n (\$) \$99.00
	Principal occu Physician	upation / Job title (See Instructions)		Employer (See Instructions) Maxwell Psychiatry	us)	

	MONEI	ARY POLITICAL C		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 85/147 Rpt: 104/185	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		al Association Political Action				00015658	
4	Date 10/05/2025	<ul> <li>5 Full name of contributor</li> <li>McBride, Alan James</li> <li>6 Contributor address; City; St.</li> </ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$99.00
		Sherman, TX 75092-7642					
8	Principal occu Physician	pation / Job title (See Instructions	9	Employer (See Instructions Self Employed	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)	
	10/05/2025	McCarty, James R.	Under of State 1 AC (15#			γιπουπι οι Continbution (φ)	\$99.00
		Contributor address; City; St	ate: Zin Code		ł		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Contributor address, City, Cit	ate, zip Gode				
		Fort Worth, TX 76109-324	.0				
		pation / Job title (See Instructions)	)	Employer (See Instructions			
	Physician			U.S. Dermatology Partn	ers		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> =0.00
	10/05/2025	McClellan, Ross Keith					\$50.00
		Contributor address; City; St	ate; Zip Code				
		Midway, UT 84049-0954					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Physician			Shannon Health System	า		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/02/2025	McCurdy, Elizabeth C.					\$55.00
		Contributor address; City; St	ate; Zip Code		1		
		Fort Worth, TX 76132-545	.7				
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>                                     </u>		
	Business Ow	`	,	Business Owner	-,		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)	
	10/23/2025	McDearmont, Scott Randa	_			(4)	\$99.00
		Contributor address; City; St	ate; Zip Code		1		
		·					
		Sulphur Springs, TX 7548			<u> </u>		
		pation / Job title (See Instructions	)	Employer (See Instructions			
	Physician			Scott McDearmont MD I	PΑ		

	MONEI	ARY POLITICAL CONT	SCHEDULE A1				
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 86/147 Rpt: 105/185	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action Commi	ittee			00015658	
4	Date 10/05/2025	<ul> <li>5 Full name of contributor</li></ul>	of-state PAC (ID#:  Code	)	7	Amount of Contribution (\$)	\$99.00
_	Diaria	Hallsville, TX 75650-5022	- la	Familiary (Conditional)			
8		pation / Job title (See Instructions)	9	Employer (See Instructions		antor	
	Physician			Good Shepherd Medical	1 (-		
	Date 10/02/2025	Full name of contributor out-condition	of-state PAC (ID#:  Code	)		Amount of Contribution (\$)	\$55.00
		Fort Worth, TX 76107-1729					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Business Owner			Business Owner			
	Date 10/02/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$55.00
		Austin, TX 78731-1417					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> ;)		
	Business Ow			Business Owner	,		
	Date 10/05/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/22/2025	Full name of contributor out-contributor out-contributor address; City; State; Zip of Corpus Christi, TX 78411-1636	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$55.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	TMAA Presid	dent 2011-2012		Business Owner			

	MONEI	ARY POLITICAL CONTRIBUTION	SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 87/147 Rpt: 106/185	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
		al Association Political Action Committee		00015658	
4	Date 10/02/2025	<ul> <li>5 Full name of contributor</li></ul>	<u>+)</u>	7 Amount of Contribution (\$) \$55.00	
		Amarillo, TX 79119-1204			
8	Principal occu Business Ow	pation / Job title (See Instructions) vner	9 Employer (See Instructions Business Owner	ns)	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID# McKenna, William Robert  Contributor address; City; State; Zip Code  Harlingen, TX 78552-8989	÷)	Amount of Contribution (\$)	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Physician		William R. McKenna, M	MD PA	
	Date 10/05/2025	Full name of contributor	<u>:</u> )	Amount of Contribution (\$)	
		Rockport, TX 78382-3112			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	ns)	
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID# McNeel, D'Auan Contributor address; City; State; Zip Code  Mount Pleasant, TX 75455-7982	:)	Amount of Contribution (\$)	
	Principal occu Business Ow	pation / Job title (See Instructions) vner	Employer (See Instructions Business Owner	ns)	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID# McQuillin, Pamela A.  Contributor address; City; State; Zip Code  Odessa, TX 79765-8520	: ::)	Amount of Contribution (\$)	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions OBGYN Total Healthca		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 88/147 Rpt: 107/185		
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	n Filers)	
4	Date 10/09/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$99.00	
_		Austin, TX 78705-3376		<u></u>			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_ Meelhuysen, Delbe DeAnn Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$300.00	
	Dringing aggr	Joshua, TX 76058-0345	Employer (See Instructions	·/-			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions Emergency Medicine Co		sultants, Ltd.		
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_ Mehta, B. Rai Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$99.00	
		Arlington, TX 76006-4001					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Arlington Nephrology, P	•			
	Date 10/21/2025	Full name of contributor out-of-state PAC (ID#:_Mehta, Deval  Contributor address; City; State; Zip Code  Burleson, TX 76028-0281	)		Amount of Contribution (\$)	\$99.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)			
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Mehta, Nilay V.  Contributor address; City; State; Zip Code  Amarillo, TX 79106-2109	)		Amount of Contribution (\$)	\$99.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions High Plains Radiologica		ssociation, LLP		

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Sch: 89/14	Schedule A1: 17 Rpt: 108/185	
2	FILER NAME				1	Ethics Commission	n Filers)
		al Association Political Action			00015658		
4	Date 10/05/2025	<ul><li>5 Full name of contributor</li><li>Mein, Calvin E.</li><li>6 Contributor address; City; Si</li></ul>	out-of-state PAC (ID#:	)	7 Amount of 0	Contribution (\$)	\$99.00
		San Antonio, TX 78248-1					
8		pation / Job title (See Instructions	9	Employer (See Instructions			
	Physician			Retina Consultants of T	exas		
	Date 10/10/2025	Full name of contributor Menga, Gwendoline N. Contributor address; City; Si	out-of-state PAC (ID#:		Amount of 0	Contribution (\$)	\$99.00
		Spring, TX 77389-4963					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	S)		
	Physician			Prime Rheumatology Cl	linic of Houstor	n	
	Date 10/05/2025	Full name of contributor  Merritt, Wesley J.  Contributor address; City; Si	out-of-state PAC (ID#:		Amount of C	Contribution (\$)	\$99.00
		McKinney, TX 75071-556	0				
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>l</u> s)		
	Physician		ĺ	Self Employed	,		
	Date	Full name of contributor	out-of-state PAC (ID#:	. ,	Amount of (	Contribution (\$)	
	10/21/2025	Mestry, Kaustubh Sudhir  Contributor address; City; St  Frisco, TX 75034-6846				Solital Scale (4)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Self Employed	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:)  Metcalf, Priscilla J.  Contributor address; City; State; Zip Code		Amount of 0	Contribution (\$)	\$100.00	
		Wharton, TX 77488-6844					
	Principal occu Physician	pation / Job title (See Instructions	s) 	Employer (See Instructions Memorial Hermann Med			

	MONEI	ARY POLITICAL CONT	RIBUTIONS		SCHEDULE	: <b>A1</b>
	The Instru	ction Guide explains how to cor	mplete this form.	1	Total pages Schedule A1: Sch: 90/147 Rpt: 109/185	
2	FILER NAME Texas Medic	cal Association Political Action Commi	ittee	3	B Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>Full name of contributor out-out-out-out-out-out-out-out-out-out-</li></ul>	of-state PAC (ID#:		7 Amount of Contribution (\$)	\$99.00
8	Principal occi	Wichita Falls, TX 76308-1920	9 Emplo	yer (See Instructions)		
	Physician Physician		Titaniu	um Emergency Gro	·	
	Date 10/02/2025	Full name of contributor out-o Michaels, Kelly Contributor address; City; State; Zip 0	of-state PAC (ID#:		Amount of Contribution (\$)	\$55.00
	Principal occu	Tyler, TX 75703-0961  upation / Job title (See Instructions)	Emplo	yer (See Instructions)		
		unty President		ess Owner		
	Date 10/22/2025	Full name of contributor out-o Mihu, Ramona Contributor address; City; State; Zip 0	of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
		Houston, TX 77018-4401				
	Principal occu Physician	pation / Job title (See Instructions)		yer (See Instructions) ts Rheumatology P.	A.	
	Date 10/05/2025	Full name of contributor out-o Mikus, J. Ryan Contributor address; City; State; Zip o	of-state PAC (ID#:		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	ipation / Job title (See Instructions)		yer (See Instructions) imployed		
	Date 10/05/2025	Full name of contributor out-on Milburn, Joseph Leslie Contributor address; City; State; Zip of Dallas, TX 75225-5223	of-state PAC (ID#:		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	ipation / Job title (See Instructions)		yer (See Instructions) orth Texas Health C	are System	
			•			

	MONEI	ARY POLITICAL CONTR	KIBUTION	.S	SCHEDULE A	41
	The Instru	ction Guide explains how to comp	plete this forn	n.	1 Total pages Schedule A1: Sch: 91/147 Rpt: 110/185	
2	FILER NAME Texas Medic	cal Association Political Action Committe	ee		3 Filer ID (Ethics Commission File 00015658	ers)
4	Date 10/05/2025	<ul> <li>Full name of contributor  out-of-st</li> <li>Millard, Mark Warren</li> <li>Contributor address; City; State; Zip Contributor</li> </ul>	state PAC (ID#:	)	7 Amount of Contribution (\$)	\$99.00
L		Dallas, TX 75246-2073				
8	Principal occu Physician	upation / Job title (See Instructions)		Employer (See Instructions Baylor Scott & White Ad	vanced Lung Disease	
	Date 10/17/2025	Full name of contributor out-of-st Miller, Elaine K.  Contributor address; City; State; Zip Cod	state PAC (ID#:	)	Amount of Contribution (\$) \$1	125.00
	Principal occu	Granbury, TX 76049-2640 upation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	Physician			The Dermatology Spot		
	Date 10/02/2025	Full name of contributor out-of-st Miller, Sheryl K.  Contributor address; City; State; Zip Cod	state PAC (ID#:		Amount of Contribution (\$)	\$55.00
		Richardson, TX 75082-2769				
	Principal occu Business Ow	upation / Job title (See Instructions) wner		Employer (See Instructions Business Owner	)	
	Date 10/02/2025	Minor, Lindsay			Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	upation / Job title (See Instructions)		Employer (See Instructions Business Owner	)	
	Date 10/05/2025	Mittal, Shilpi	otate PAC (ID#:	)	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	upation / Job title (See Instructions)		Employer (See Instructions Self Employed	)	

	MONEI	IETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 92/147 Rpt: 111/185	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
		al Association Political Action	Committee			00015658	
4	Date 10/05/2025	<ul> <li>5 Full name of contributor</li> <li>Moitheennazima, Binush</li> <li>6 Contributor address; City; S</li> </ul>		)	7	Amount of Contribution (\$)	\$99.00
		Nacogdoches, TX 75965	·				
8	Principal occu	pation / Job title (See Instruction	s) 9	Employer (See Instructions	5)		
	Physician			Nacogdoches Pulmonar	ry 8	Sleep	
	Date 10/17/2025	Full name of contributor Monday, Kimberly E. Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$208.34
		Houston, TX 77005-3318					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u></u> 5)		
	Physician			UTMSH - Dept of Neuro	log	у	
	Date 10/07/2025	Full name of contributor  Montgomery, Nancy T.  Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$55.00
		Dallas, TX 75214-3546					
	Principal occu	I	s)	Employer (See Instructions	<u>L</u> 5)		
	Business Ow	vner		Business Owner			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	10/05/2025	Morehead, Charlie A.  Contributor address; City; S  Adkins, TX 78101-0179					\$99.00
	Principal occu Physician	pation / Job title (See Instruction:	5)	Employer (See Instructions Kids Country Pediatrics	<u>                                      </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/05/2025	Moreno, Susan C.	<b>L</b> \ _	,		, ,	\$99.00
		Contributor address; City; S					
	Principal occu	pation / Job title (See Instruction:		Employer (See Instructions	<u>                                     </u>		
	Physician	pansii, oos ane (occ instruction)	-1	Healthcare Clinics	-)		

	MONEI	IETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how t	o complete this forr	n.		es Schedule A1: 147 Rpt: 112/185	
2	FILER NAME					(Ethics Commission	n Filers)
		al Association Political Action C	committee		0001565		
4	Date 10/07/2025	<ul><li>5 Full name of contributor Morgan, Neal R.</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code	)	<b>7</b> Amount o	f Contribution (\$)	\$99.00
_		Dallas, TX 75206-5720	la la				
8		pation / Job title (See Instructions)	9	Employer (See Instructions		ina Dallas	
	Physician			Baylor Scott & White Ho	зрітаї медіс	ine - Dalias	
	Date 10/02/2025	Full name of contributor  Morgan, Sherry  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)	Amount o	f Contribution (\$)	\$55.00
		Austin, TX 78703-1547					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business Ow	vner		Business Owner			
	Date 10/21/2025	Full name of contributor  Morris, Sharon  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)	Amount o	f Contribution (\$)	\$55.00
		Austin, TX 78746-1285					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Business Ow			Business Owner	,		
	Date 10/05/2025	Full name of contributor  Muddasani, Pavani  Contributor address; City; State  Fort Worth, TX 76132-4589	out-of-state PAC (ID#:	)	Amount o	f Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Health Care, P.L.	*		
	Date 09/27/2025	Full name of contributor  Munoz, Judith A.  Contributor address; City; State  Houston, TX 77024-6110	out-of-state PAC (ID#:e; Zip Code	)	Amount o	f Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Kelsey-Seybold Clinic	·)		

	MONET	ARY POLITICAL CONTRIE	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to comple	te this forr	n.	1	Total pages Schedule A1: Sch: 94/147 Rpt: 113/185	5
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 10/02/2025	<ul> <li>Full name of contributor  out-of-state  Murphy, Marilyn W.</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$55.00
8	Dringing! goog	Sugar Land, TX 77478-3966	lo.	Employer (See Instructions	<u>,,</u>		
0	Business Ov	pation / Job title (See Instructions) ner	9	Employer (See Instructions Business Owner	»)		
	Date 10/05/2025	Full name of contributor out-of-state Myers, Douglas P.  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	McKinney, TX 75069-4651 pation / Job title (See Instructions)		Employer (See Instructions	<i>(</i> )		
	Physician	pation / 300 title (See instructions)		Kidney Care Associates		.P	
	Date 09/27/2025	Full name of contributor	PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
		Temple, TX 76502-7940			Ĺ		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott & White He	•	h-Central Texas	
	Date 09/29/2025	Myers, Kevin R.	PAC (ID#:	)	•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions OrthoTexas	5)		
	Date 09/27/2025	Full name of contributor out-of-state Naeem, Lubna Contributor address; City; State; Zip Code San Antonio, TX 78256-2336		)		Amount of Contribution (\$)	\$270.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Internal Medicine of Sto		Oak	
			l .				

	MONEI	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	<b>A1</b>
	The Instru	ction Guide explains how to complete this t	orm.	1	1 Total pages Schedule A1: Sch: 95/147 Rpt: 114/185	
2	FILER NAME			3	3 Filer ID (Ethics Commission	Filers)
		al Association Political Action Committee			00015658	
4	Date 10/05/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Neavel, Celia B.</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7 Amount of Contribution (\$)	\$99.00
		Austin, TX 78703-1544				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (S	See Instructions)		
	Physician		People's C	ommunity Clin	ic	
	Date 10/10/2025	Full name of contributor out-of-state PAC (ID#:_ Newton, Dennis Elbert Contributor address; City; State; Zip Code		)	Amount of Contribution (\$)	\$99.00
		Carrollton, TX 75006-4727				
		pation / Job title (See Instructions)		See Instructions)		
	Physician		McGuiness	s Dermatology	& Plastic Surgery	
	Date 10/05/2025	Full name of contributor			Amount of Contribution (\$)	\$99.00
		Houston, TX 77005-3521				
	Principal occu	pation / Job title (See Instructions)	Employer (S	See Instructions)		
	Physician	,			Associates, LLP	
	Date 10/20/2025	Full name of contributor out-of-state PAC (ID#: Nguyen, PD Julie  Contributor address; City; State; Zip Code  Pearland, TX 77584-4852		)	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		See Instructions) Pulmonology	and Sleep	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#: Nolan, Steven E.  Contributor address; City; State; Zip Code  Sugar Land, TX 77479-2503			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (S Steven E. I	See Instructions) Nolan, MD		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 96/147 Rpt: 115/185	
2	FILER NAME Texas Medic	cal Association Political Action	Committee		3 Filer ID (Ethics Commission File 00015658	ilers)
4	Date 10/05/2025	<ul><li>5 Full name of contributor Norman, Alan A.</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76109-204				
8	Physician	pation / Job title (See Instructions)	9	Pediatric Eye Specialist	s, LLP	
	Date 10/17/2025	Full name of contributor  Norrell, Stacy L.  Contributor address; City; Sta	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$83.34
	Principal occu	Magnolia, TX 77355-1836 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	Physician			Noble Anesthesia Partn	ers	
	Date 10/06/2025	Full name of contributor Northcutt, Ashley R.  Contributor address; City; Sta	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$99.00
		Austin, TX 78745-1193				
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Acute Care Surge		
	Date 10/09/2025	Full name of contributor O'Connor, Daniel B.  Contributor address; City; Sta	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Spring, TX 77380-4019 pation / Job title (See Instructions)		Employer (See Instructions First Choice Emergency		
	Date 10/20/2025	Full name of contributor Obstetrics & Gynecology A Contributor address; City; Sta Laredo, TX 78041-6838		)	Amount of Contribution (\$)	\$99.00
	Principal occu	Pation / Job title (See Instructions)		Employer (See Instructions	) )	
			L			

	MONET	ARY POLITICAL (		SCHEDULI	<b>■ A1</b>		
	The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 97/147 Rpt: 116/185	
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/20/2025	<ul><li>5 Full name of contributor Obstetrics &amp; Gynecology</li><li>6 Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
_		Laredo, TX 78041-6838	`		<u>L</u>		
8	Principal occu	pation / Job title (See Instructions	5)	<b>9</b> Employer (See Instruction:	S)		
	Date 10/20/2025	Full name of contributor Obstetrics & Gynecology Contributor address; City; S				Amount of Contribution (\$)	\$99.00
		Laredo, TX 78041-6838			Ĺ		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruction:	S)		
	Date 10/05/2025	Full name of contributor Ogeda, Fidel Lopez Contributor address; City; S	out-of-state PAC (ID#:_ cate; Zip Code			Amount of Contribution (\$)	\$99.00
		Midland, TX 79707-1371					
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instruction: Family Care Clinic	s)		
	Date 10/05/2025	Full name of contributor Olson, Eric Lawrence Contributor address; City; S Midland, TX 79707-5005				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instruction: Self Employed	s)		
	Date 10/05/2025	Full name of contributor Oquendo Rincon, Marcial Contributor address; City; S  Dallas, TX 75244-6418				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instruction: Guadalupe Medical Ce			

	MONEI	ETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete thi	s for	rm.	1	Total pages Schedule A1: Sch: 98/147 Rpt: 117/185		
2	FILER NAME	al Acceptation Delitical Action Committee			3	Filer ID (Ethics Commission	Filers)	
_		al Association Political Action Committee			L	00015658		
4	Date 10/05/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00	
g	Principal occu	Kingwood, TX 77339-3521 pation / Job title (See Instructions)	la	Employer (See Instructions				
0	Physician Physician	Janott 7 Job line (See Histractions)	"	Jose M. Ortega, MD	')			
	Date 10/15/2025	Full name of contributor out-of-state PAC (IE Orthopedic Institute of Rio Grande Valley, PA Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00	
		Brownsville, TX 78526-0004						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID Osterman, Debra M.  Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$99.00	
		Cypress, TX 77429-6884						
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)			
	Date 10/10/2025	Full name of contributor	<b> </b>			Amount of Contribution (\$)	\$99.00	
		McAllen, TX 78504-5624						
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Doctors Hospital At Ren		sance - Edinburg		
	Date 10/05/2025	Full name of contributor out-of-state PAC (IE Pain, Alison R.  Contributor address; City; State; Zip Code  Cypress, TX 77433-2958	D#:	)		Amount of Contribution (\$)	\$99.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Next Level Urgent Care	<u>(</u>			
			<u> </u>					

	MONEI	IETARY POLITICAL CONTRIBUTIONS				SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to c	omplete this forr	m.	1	Total pages Schedule A1: Sch: 99/147 Rpt: 118/185	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		al Association Political Action Com				00015658	
4	Date 10/05/2025	<ul> <li>5 Full name of contributor</li></ul>	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$99.00
_		Dallas, TX 75214-1904	L				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Parkland Health	)		
	Date 10/05/2025	Full name of contributor	ut-of-state PAC (ID#: ip Code	)		Amount of Contribution (\$)	\$99.00
		Victoria, TX 77904-1636					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions) Daksheshkumar Parikh,		) PA	
	Date 10/05/2025	Full name of contributor on Park, Betty Jimi  Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code	)		Amount of Contribution (\$)	\$99.00
		Dallas, TX 75229-5401					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		
	Date 10/05/2025	Full name of contributor of Parker, Thornwell Hay  Contributor address; City; State; Z  Dallas, TX 75252-4909	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		
	Date 10/02/2025	Full name of contributor of Parsley, Kelly A.  Contributor address; City; State; Z  Granbury, TX 76048-2900	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ov	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	)		

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 100/147 Rpt: 119/185	,	
2	FILER NAME	al Association Political Action Cor	mmittee		3	Filer ID (Ethics Commission 00015658	Filers)	
_					_			
4	Date 10/05/2025	<ul><li>5 Full name of contributor Patel, Nikunjkumar I.</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:		1	Amount of Contribution (\$)	\$99.00	
		Frisco, TX 75034-6815						
8	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions 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 occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Physician			Texas Tech Univ-El Pas	o-l	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 occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Physician			Fertility Specialists of Da	alla	s, PA		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	10/17/2025	Patel, Sundip Harishchandra Contributor address; City; State;	Zip Code				\$300.00	
		Coppell, TX 75019-2251						
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions 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	<del></del>					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)			

	MONET	ARY POLITICAL CONTRIBUTIO	IS		SCHEDULE	<b>A1</b>	
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 101/147 Rpt: 120/185	i
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Patel, Vinodkumar T.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$99.00
_	Deignaignal	Houston, TX 77027-6220	_	Family of (Cook and water at the cook			
8	Physician Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Vinodkumar Patel, MD	5)		
	Date 10/08/2025	Full name of contributor				Amount of Contribution (\$)	\$99.00
	Deinsinal assu	Dallas, TX 75229-3009					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Swiss OB-GYN, LLP	5)		
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_ Pearland Diagnostic Clinic Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Pearland, TX 77581-4305					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/17/2025	Full name of contributor out-of-state PAC (ID#:_ Pearse, Lee Ann Contributor address; City; State; Zip Code  Dallas, TX 75244-7703				Amount of Contribution (\$)	\$208.34
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Pediatric Cardiologists of		N TX	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Peckham, Russell M.  Contributor address; City; State; Zip Code  Austin, TX 78750-2560				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions US Dermatology Partne		- Central Texas	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	'NS		SCHEDUL	_E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.		pages Schedule A1: 102/147 Rpt: 121/18	35
2	FILER NAME Texas Medic	cal Association Political Action	Committee			ID (Ethics Commissio L5658	on Filers)
4	Date 10/05/2025	<ul><li>5 Full name of contributor</li><li>Peet, John Joseph</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: tate; Zip Code		<b>7</b> Amou	unt of Contribution (\$)	\$99.00
_	7 : - : 1 ·	Conroe, TX 77304-1707	· T	Complementary			
8	Principal occu Physician	upation / Job title (See Instructions		Employer (See Instruction     Woodlands Gynecology	gy and Aes		
	Date 10/05/2025	Full name of contributor Pekarev, Maxim Contributor address; City; St	·	)	Amou 	unt of Contribution (\$)	\$1,000.00
	Principal occu	Fort Worth, TX 76104-261 upation / Job title (See Instructions		Employer (See Instruction	ns)		
	Physician			MP Plastic Surgery PLI			
	Date 10/02/2025	Full name of contributor Pemberton, Amy Contributor address; City; St	out-of-state PAC (ID#:		Amou 	unt of Contribution (\$)	\$55.00
		Tyler, TX 75703-5874					
	Principal occu Business Ow	upation / Job title (See Instructions wner	)	Employer (See Instruction Business Owner	ns)		
	Date 10/23/2025	Full name of contributor Perkins, Suzanne  Contributor address; City; St  Tyler, TX 75703-5722	out-of-state PAC (ID#: tate; Zip Code		Amou 	unt of Contribution (\$)	\$55.00
	Principal occu Business Ow	upation / Job title (See Instructions wner	)	Employer (See Instruction Business Owner	ns)		
	Date 10/21/2025	Full name of contributor Perlman, Joseph M.  Contributor address; City; St  Spring, TX 77379-2994	out-of-state PAC (ID#:	)	Amou	unt of Contribution (\$)	\$99.00
	Principal occu Physician	upation / Job title (See Instructions	)	Employer (See Instruction Advanced Plastic Surg		er	

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 103/147 Rpt: 122/185	5
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul><li>5 Full name of contributor Perrin, Davey Melissa</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Forney, TX 75126-8232 pation / Job title (See Instructions)	l <sub>9</sub>	Employer (See Instructions	(3)		
	Physician	pano, 000 ano (000 mon aono)		Self Employed	,		
	Date 10/10/2025	Full name of contributor Peter J Damico MD PA Contributor address; City; Sta		)		Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76116					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/02/2025	Full name of contributor Peters, DeEtte Bragg Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$55.00
		Dallas, TX 75225-5428					
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	5)		
	Date 10/02/2025	Full name of contributor Pettibon, Ashley Contributor address; City; Sta	te; Zip Code	)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	5)		
	Date 10/03/2025	Full name of contributor Philip, Tina J. Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Oakwood Family Medica			
			-				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 104/147 Rpt: 123/185	5
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Phillips, Gregory J.</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$300.00
8	Principal occu	Fort Worth, TX 76104-2221 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Physician	salon, cos une (cos menadaone)		Fort Worth Medical Spe		lists	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Picard, Sarah E.  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Discipal	Austin, TX 78704-4508		Fundament (Constructions	_		
	Principal occul Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/07/2025	Full name of contributor out-of-state PAC (ID#:_ Pierami Neto, Rubens J.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Harlingen, TX 78552-6232					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Valley Radiologists & As	•	ciates	
	Date 10/11/2025	Full name of contributor out-of-state PAC (ID#:_Pierce, Jessica L.  Contributor address; City; State; Zip Code  Shavano Park, TX 78231-1515		)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Renal Associates, P. A.	()		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Pinnamaneni, Pavan  Contributor address; City; State; Zip Code  Lufkin, TX 75904-5360		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	()		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains hov	<i>ı</i> to complete this fo	rm.		es Schedule A1: 5/147 Rpt: 124/18	35
2	FILER NAME	al Association Political Action	Committee		3 Filer ID 0001565	(Ethics Commission	on Filers)
_							
4	Date 10/05/2025	<ul><li>5 Full name of contributor</li><li>Pinnamaneni, Pramod</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7 Amount o	of Contribution (\$)	\$99.00
		Lufkin, TX 75904-5360					
8	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Physician			East Texas Hematology	and Oncolo	gy Clinic PA	
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount o	of Contribution (\$)	
	10/05/2025	Pinnow, Jeffery Matthew	out of state 1 Ae (15#		, anount c	or Contribution (4)	\$2,500.00
	10/00/2020		toto: 7in Codo		-		Ψ2,000.00
		Contributor address; City; S	tate; Zip Code				
		Odessa, TX 79765-8006					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Physician			Self Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount o	of Contribution (\$)	
	10/06/2025	Pivalizza, Penelope J.					\$99.00
		Contributor address; City; S	tate; Zip Code		†		
		Flint, TX 75762-2801					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Physician			Self Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount o	of Contribution (\$)	
	10/05/2025	Plagenhoef, Deborah L.	<b>_</b> \				\$300.00
		Contributor address; City; S	tate: Zip Code		1		
			,р				
		Southlake, TX 76092-964	5				
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Physician			Pediatric Dental Anesth	esia Assoc.		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount o	of Contribution (\$)	
	10/05/2025	Pluenneke, Anne Chandle	—			(+)	\$99.00
		Contributor address; City; S			-		,,,,,,,
		Contributor address, City, S	iale, Zip Code				
		Fredericksburg, TX 7862	1-2823				
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>l</u> s)		
	Physician	,	<i>'</i>	Fredericksburg Eye Ass		_C	
	, <del></del>				·, - <del></del>		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE	A1		
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 106/147 Rpt: 125/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/17/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Poindexter, David P.</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$25.00
0	Dringing con	Humble, TX 77347-0876	_	Employer (See Instructions	,, 		
8	Physician	pation / Job title (See Instructions)	9	Employer (See Instructions David P. Poindexter, MI			
	Date 10/15/2025	Full name of contributor		)		Amount of Contribution (\$)	\$99.00
	Principal occu	Sugar Land, TX 77479-2554 pation / Job title (See Instructions)		Employer (See Instructions	رد 		
	Physician	sation) oob title (oce monactions)		Self Employed	,,		
	Date 10/14/2025	Full name of contributor		)		Amount of Contribution (\$)	\$99.00
		Austin, TX 78747-1127					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Hays Primary Care	s)		
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_ Poulos, Savvas Costas  Contributor address; City; State; Zip Code  Harlingen, TX 78550-8138				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Predanic, Mladen  Contributor address; City; State; Zip Code  Plano, TX 75093-3444		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
		·					

	MONEI	ARY POLITICAL C	ONTRIBUTION	<b>15</b>		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	l	otal pages Schedule A1: ch: 107/147 Rpt: 126/185	
2	FILER NAME Texas Medic	cal Association Political Action (	Committee		l	ller ID (Ethics Commission   0015658	Filers)
4	Date 10/05/2025	Full name of contributor     Quisenberry, Delia M.     Contributor address; City; Sta	out-of-state PAC (ID#:		<b>7</b> Ai	mount of Contribution (\$)	\$99.00
_		Corpus Christi, TX 78412-2					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions AADI Home Health	s) 		
	Date 10/05/2025	Full name of contributor  Radimecky, Valen J.  Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		Aı	mount of Contribution (\$)	\$99.00
	Principal occu	Denton, TX 76208-1565  spation / Job title (See Instructions)		Employer (See Instructions	:)		
	Physician	patient, oos tae (ees		Cook Children's Health		System	
	Date 10/05/2025	Full name of contributor Rajan, Geeta Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		Aı	mount of Contribution (\$)	\$99.00
		Plano, TX 75093-3863					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Plano Neurology PA	5)		
	Date 10/05/2025	Full name of contributor Ramirez, Rogelio Sergio Contributor address; City; Sta Mission, TX 78572-7479	out-of-state PAC (ID#:ate; Zip Code		Aı	mount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions R. Sergio Ramirez MD F	•		
	Date 10/05/2025	Full name of contributor [Ranelle, Ann E.  Contributor address; City; Sta	out-of-state PAC (ID#:	)	Aı	mount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Fort Worth Eye Associat			
			·				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 108/147 Rpt: 127/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/15/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$49.50
_	Deignigal	McAllen, TX 78504-2215	•	Familia van (Cala Instructions	<u></u>		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions South Texas Clinic For		n Management, PA	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Rathod, Minaxi K.  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Dringing! agg.	Sherman, TX 75092-4589		Employer (See Instructions	<u></u>		
	Physician	pation / Job title (See Instructions)		Employer (See Instructions Grayson Medical Consu		nts	
	Date 10/20/2025	Full name of contributor out-of-state PAC (ID#:_Raul A. Pena, M.D., P.A.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		McAllen, TX 78503					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Ravindran, Jayaraman  Contributor address; City; State; Zip Code  Flower Mound, TX 75022-6478				Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u>(</u>		
	Date 10/07/2025	Full name of contributor out-of-state PAC (ID#:_Reagor, Angelique  Contributor address; City; State; Zip Code  Dallas, TX 75244-6929		)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	5)		
			1				

	MONEI	ARY POLITICAL CON	NIRIBUTION	S	SCHEDULE A1	
	The Instruc	ction Guide explains how to c	omplete this for	n.	1 Total pages Schedule A1: Sch: 109/147 Rpt: 128/185	_
2	FILER NAME Texas Medic	al Association Political Action Com	ımittee		3 Filer ID (Ethics Commission Filers) 00015658	
4	Date 10/21/2025		ut-of-state PAC (ID#:		7 Amount of Contribution (\$) \$99.0	0
_	5	Flower Mound, TX 75022-7891				_
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Lone Star Arthritis & Rhe		
	Date 10/05/2025	Reis, Victor S.  Contributor address; City; State; Z	ut-of-state PAC (ID#:  ip Code		Amount of Contribution (\$) \$99.0	0
	Principal occu	Mission, TX 78573-8548 pation / Job title (See Instructions)		Employer (See Instructions	(3)	_
	Physician				ork - Cardiovascular Surgery	
	Date 10/14/2025	Full name of contributor on the contributor on the contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code	)	Amount of Contribution (\$) \$100.0	0
		Austin, TX 78703-1952				
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions) Self Employed	s)	
	Date 10/12/2025	Full name of contributor on the contributor of the contributor address; City; State; Zontributor, TX 78735-6106	ut-of-state PAC (ID#: ip Code		Amount of Contribution (\$) \$99.0	0
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)	
	Date 10/05/2025	Full name of contributor of Richardson, Gwyn  Contributor address; City; State; Z  Galveston, TX 77551-4634	ut-of-state PAC (ID#:		Amount of Contribution (\$) \$99.0	0
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions MD Anderson Cancer C		_
			•			

	MONEI	ARY POLITICAL CONTRIBUTION	ONS .		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 110/147 Rpt: 129/185	5
2	FILER NAME	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	Filers)
_				<u> </u>		
4	Date 10/15/2025	<ul> <li>Full name of contributor</li></ul>		ľ	Amount of Contribution (\$)	\$99.00
		Rancho Mirage, CA 92270-1646				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions     Self Employed	<del></del>		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Riggins, Richard Randolph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$99.00
		Jasper, TX 75951-7657				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Ringel, Stephen J.  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$99.00
		Round Rock, TX 78665-2170				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Risinger, David Owen  Contributor address; City; State; Zip Code  Waco, TX 76710-1633			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Baylor Scott & White Hil	•	est - X-Ray Physicians	
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_Rivenes, Scott Richardson  Contributor address; City; State; Zip Code  Sugar Land, TX 77479-3885			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions US Acute Care Solution		Methodist Sugar Land	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	v to complete this fo	rm.		ages Schedule A1: .11/147 Rpt: 130/18!	5
2	FILER NAME	al Association Political Action	Committee			(Ethics Commission	n Filers)
_		al Association Political Action			00015		
4	Date 10/05/2025	<ul><li>5 Full name of contributor</li><li>Rivera, Ramon J.</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7 Amoun	t of Contribution (\$)	\$99.00
		Corpus Christi, TX 78404					
8		pation / Job title (See Instructions	s) !	9 Employer (See Instructions			
	Physician			Anesthesiology Associa	ites		
	Date 10/05/2025	Full name of contributor Robare, Samantha J. Contributor address; City; S	out-of-state PAC (ID#:		Amoun	t of Contribution (\$)	\$99.00
		Magnolia, TX 77355-4593	l				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Physician			Self Employed			
	Date 10/03/2025	Full name of contributor Robertson, Anne Contributor address; City; S	out-of-state PAC (ID#:		Amoun	t of Contribution (\$)	\$55.00
		Tyler, TX 75701-2910					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	Business Ow		,	Business Owner	,		
	Date	Full name of contributor	out-of-state PAC (ID#:		Amoun	at of Contribution (\$)	
	10/05/2025	Robins, Coby  Contributor address; City; S  Midland, TX 79705-4434			Amoun	it of continuation (c)	\$99.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Physician			Midland Pediatric Assoc	ciates PLL	С	
	Date 10/05/2025	Full name of contributor Rockhill, Teresa Ann	out-of-state PAC (ID#:		Amoun	t of Contribution (\$)	\$99.00
		Contributor address; City; S  Denison, TX 75020-3874	·				
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Self Employed	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 112/147 Rpt: 131/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission F 00015658	-ilers)
4	Date 10/20/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
		League City, TX 77573-2735					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Red Rose Medical	5)		
	Date 10/22/2025	Full name of contributor  out-of-state PAC (ID#:_ Rodriguez, Jose E. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	Houston, TX 77024-4747 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Physician Physician	ballott 7 Job little (See Instructions)		Orthopaedic Institute for		oinal Disorders	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#: Rodriguez, Porfirio Sergio Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Rio Grande City, TX 78582-0832					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Family Health Centers,	-	)	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Roe, Erin D.  Contributor address; City; State; Zip Code  Dallas, TX 75205-1892				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Sol Endocrinology	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_Roe, Jada Lane  Contributor address; City; State; Zip Code  Midlothian, VA 23112-5314		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Conroe Medical Center		spital	

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to c	omplete this forr	n.	1	Total pages Schedule A1: Sch: 113/147 Rpt: 132/185	5
2	FILER NAME Texas Medic	al Association Political Action Com	mittee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/22/2025	Rosen, Robin Susan	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Colleyville, TX 76034-4622 pation / Job title (See Instructions)	la la	Employer (See Instructions	.)		
•	Physician			UT Southwestern Medic			
	Date 10/17/2025	Full name of contributor on Royer, Christian  Contributor address; City; State; Z		)		Amount of Contribution (\$)	\$300.00
	Principal occu	Frisco, TX 75034-2215 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Physician	patient, cos title (coe metadiene)				pedic Associates of Dall	
	Date 10/02/2025	Full name of contributor on the contributor on the contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code	)		Amount of Contribution (\$)	\$55.00
		Austin, TX 78735-1847					
	Principal occu Business Ow	pation / Job title (See Instructions) ner		Employer (See Instructions Business Owner	i)		
	Date 10/05/2025	Full name of contributor on Ruibal, Calixto J.  Contributor address; City; State; Z  Bellaire, TX 77401-3412	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Lawndale Medical Clinic			
	Date 10/02/2025	Full name of contributor on Ryder, Mary Margaret  Contributor address; City; State; Z  Tyler, TX 75701-4714	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$55.00
	Principal occu Administrativ	pation / Job title (See Instructions) re		Employer (See Instructions Tyler Urgent Care	5)		
			l_				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 114/147 Rpt: 133/185	5
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>Full name of contributor  out-of-state PAC (IE Saadeh, Constantine Khalil</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$99.00
•	Dringing! goog	Amarillo, TX 79109-3515	ام	Employer (See Instructions	<u></u>		
8	Physician Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Allergy ARTS	»)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (IE Sadler, John Zell Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75218-4324			<u>_</u>		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern Medic		Center	
	Date 10/06/2025	Full name of contributor out-of-state PAC (IE Saenz, Javier Andres  Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$99.00
		Mission, TX 78573-1342	_				
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/06/2025	Full name of contributor out-of-state PAC (IE Saenz, Jorge Contributor address; City; State; Zip Code  Weslaco, TX 78596-9602		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Jorge Saenz, MDPA	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (IE Salam, Amir Q.  Contributor address; City; State; Zip Code  Houston, TX 77089-1713	D#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Houston Methodist Onc		gy Partners	

	MONET	ARY POLITICAL CONTRIBUTION	)N	IS		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 115/147 Rpt: 134/18	35
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 09/27/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#: Sam, Mammen A.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$300.00
		Pearland, TX 77584-8237					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 10/07/2025	Full name of contributor out-of-state PAC (ID#: Sambo, Tracy Elaine  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	Sweetwater, TX 79556-2891 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Physician			Rolling Plains Physician		Office	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#: Sanborn, Cheryl L.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Denton, TX 76209-1303					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#: Sankar, Sudheer K.  Contributor address; City; State; Zip Code  Houston, TX 77025-1705				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Houston Kidney Care C		ers	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#: Santos, Alberto  Contributor address; City; State; Zip Code  Corpus Christi, TX 78404-2174				Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to com	olete this forr	n.	1	Total pages Schedule A1: Sch: 116/147 Rpt: 135/185	5
2	FILER NAME Texas Medic	al Association Political Action Committe	ee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/15/2025	<ul> <li>Full name of contributor  out-of-s</li> <li>Sapkota, Sharmila</li> <li>Contributor address; City; State; Zip Co</li> </ul>			7	Amount of Contribution (\$)	\$55.00
8	Principal occup Business Ow	Fort Worth, TX 76132-4536 Dation / Job title (See Instructions) Viner	9	Employer (See Instructions Business Owner	5)		
	Date 10/05/2025	Full name of contributor out-of-s Sarraff, Michelle Ann Contributor address; City; State; Zip Co San Angelo, TX 76904-1701	tate PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Shannon Clinic	5)		
	Date 10/10/2025	Full name of contributor out-of-s Sartori, Michele P. Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	Houston, TX 77004-7452 Dation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/04/2025	Saunders, Ginger		)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	Tyler, TX 75701-2909 pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	5)		
	Date 10/16/2025	Sayers, Brian S.	tate PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 117/147 Rpt: 136/185	5
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
		al Association Political Action	n Committee		L	00015658	
4	Date 10/02/2025	5 Full name of contributor Schackmuth, Sue	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$55.00
		6 Contributor address; City; S Abilene, TX 79606-5125	tate; Zip Code				
g	Principal occu	pation / Job title (See Instruction	c) [c	Employer (See Instructions	:) 		
	Business Ow		3)	Business Owner	۰)		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/14/2025	Schaening, Orlando					\$99.00
		Contributor address; City; S	tate; Zip Code		•		
		Beaumont, TX 77706-72	54				
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Physician			Infectious Diseases Ass	oci	ates, LLP	
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/15/2025	Schermerhorn, James Ed	dward				\$49.50
		Contributor address; City; S	tate; Zip Code				
		Dallas, TX 75238-1560					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Physician			Self Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/05/2025	Schmidt, Jason F.  Contributor address; City; S	tate; Zip Code				\$300.00
		Dallas, TX 75225-7428					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Physician			Surgical Pathologists of	Da	ıllas	
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/29/2025	Schnell, John L.					\$300.00
		Contributor address; City; S	tate; Zip Code				
		Tyler, TX 75711-2676	<u>.</u>				
	Principal occu Physician	pation / Job title (See Instruction	s)	Employer (See Instructions Self Employed	S)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 118/147 Rpt: 137/185	5
2	FILER NAME Texas Medic	al Association Political Action C	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/20/2025	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$99.00
	Dringing! goog	Corpus Christi, TX 78418-7		Employer (Coo Instructions			
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Physicians Premier Eme		ency Center	
	Date 10/02/2025	Full name of contributor  Seade, Liz  Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$55.00
	Principal occu	Austin, TX 78746-7369 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Business Ow			Business Owner	,		
	Date 10/05/2025	Full name of contributor [ Sedighi, Hooman Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$99.00
		Dallas, TX 75234-5202					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		
	Date 10/05/2025	Full name of contributor  Sehgal, Supriya  Contributor address; City; Stat  Plano, TX 75093-8517	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		
	Date 10/05/2025	Full name of contributor Senyszyn, Richard William Contributor address; City; Stat New Braunfels, TX 78130-3				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 119/147 Rpt: 138/18	35
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	on Filers)
4		5 Full name of contributor	out-of-state PAC (ID#:	,	7	Amount of Contribution (\$)	
-	10/02/2025	Serje-Mercado, Maria Clau  6 Contributor address; City; Sta	udia			Amount of Continuation (4)	\$55.00
		Brownsville, TX 78526-409	96				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Business Ow	ner		Business Owner			
	Date 10/05/2025	Full name of contributor Serna, Aime D. Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
		El Paso, TX 79922-1848					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	5)		
	Physician			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; Sta Dallas, TX 75252-5938	ate; Zip Code				
	Dringinal accu	pation / Job title (See Instructions)	,	Employer (See Instructions	·, 		
	Physician Physician	pation / Job title (See Instructions)	·	Advanced Eye Care Cei		r - Denton	
			<u> </u>	navanoca Eye Gare Gel	ıııc		
	Date 09/27/2025	Full name of contributor Shah, Jayesh B.  Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
		San Antonio, TX 78258-45					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions South Texas Wound As:		iates, 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; Sta Houston, TX 77018-1822	ate; Zip Code				
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			Dermatology Center of N	Noi	thwest Houston	

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 120/147 Rpt: 139/185	5
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/20/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID Shamburger, Amber D.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Friendswood, TX 77546-3566 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Physician	,		Self Employed	,		
	Date 10/17/2025	Full name of contributor out-of-state PAC (ID Shannon A. Johnson, MD, PA Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Rowlett, TX 75030-1250					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID Shannon, Gregory L.  Contributor address; City; State; Zip Code	)#:	)		Amount of Contribution (\$)	\$99.00
		Houston, TX 77021-1235					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Gastroenterology Associations)	′	es of Texas, PA	
	Date 10/21/2025	Full name of contributor out-of-state PAC (ID Shashi Dharma, MD PA Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID Shelton, Heather P. Contributor address; City; State; Zip Code  Fort Worth, TX 76116-8131				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u> s)		
	,			. FA			

	MONEI	ARY POLITICAL CON	IRIBUTION	5	SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form	ı.	1 Total pages Schedule A1: Sch: 121/147 Rpt: 140/185	
2	FILER NAME	al Association Delitical Astion Comm			3 Filer ID (Ethics Commission	Filers)
		al Association Political Action Comr			00015658	
4	Date 10/05/2025	<ul> <li>5 Full name of contributor</li></ul>	t-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	\$100.00
_		Boerne, TX 78015-4992	la .			
8		pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician			Wilford Hall 59th Medica	ı vving	
	Date 10/21/2025	Full name of contributor out Shivani H Patel, PA  Contributor address; City; State; Zip	t-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$99.00
		Carrollton, TX 75010-4403				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/02/2025	Full name of contributor out Short, Kimber  Contributor address; City; State; Zig	t-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$55.00
		Tyler, TX 75703-3892				
	Principal occu	pation / Job title (See Instructions)	ı	Employer (See Instructions)	)	
	Business Ow	ner		Business Owner		
	Date 10/05/2025	Full name of contributor out Shroll, Joshua Timothy  Contributor address; City; State; Zip  San Antonio, TX 78261-2815	t-of-state PAC (ID#:		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions) Tricity Pain Associates-C		
	Date 10/22/2025	Full name of contributor out Six, Anne Contributor address; City; State; Zip Combes, TX 78535-0693	t-of-state PAC (ID#:		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions) Business Owner		
			<u>.</u>			

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 122/147 Rpt: 141/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu Physician	Beaumont, TX 77706-3621 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	) 5)		
	Date 10/06/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	Fort Worth, TX 76110-1717 pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	<u> </u> 5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Smith, Elmer G. Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Dringing occu	North Richland Hills, TX 76180-1412 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Physician Physician	pation / 300 title (See Instructions)		Employer (See Instructions Self Employed	•)		
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_Smith, Joi  Contributor address; City; State; Zip Code  Tyler, TX 75703-5830		)		Amount of Contribution (\$)	\$55.00
	Principal occu 2019 County	pation / Job title (See Instructions)		Employer (See Instructions Business Owner	<u>l</u> 5)		
	Date 10/16/2025	Full name of contributor out-of-state PAC (ID#:_Smith, Katelyn E.  Contributor address; City; State; Zip Code  Fort Worth, TX 76116-1123		)		Amount of Contribution (\$)	\$40.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Obstetrics & Gynecolog		ssociates of Laredo, PA	

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 123/147 Rpt: 142/185	5
2	FILER NAME Texas Medic	al Association Political Action Committe	e		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Austin, TX 78739-2051 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Physician	(		Self Employed	,		
	Date 10/10/2025	Smith, Melissa		)		Amount of Contribution (\$)	\$55.00
		Austin, TX 78717-3902					
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	i)		
	Date 10/02/2025	Full name of contributor out-of-st Smith, Steven Lanny  Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$99.00
		Fort Worth, TX 76123-4024					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Steven L. Smith, MD, PA	•		
	Date 10/02/2025	Soldano, Lydia Patterson	ate PAC (ID#:	)		Amount of Contribution (\$)	\$55.00
		pation / Job title (See Instructions) AA Resource Liaison		Employer (See Instructions Business Owner	)		
	Date 10/05/2025	Full name of contributor out-of-st Sosa, Sameta Fairchild  Contributor address; City; State; Zip Cod  Uvalde, TX 78801-3501	ate PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	i)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 124/147 Rpt: 143/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/21/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
8	Principal occu	Spring, TX 77380-2760 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Physician	,		Self Employed	,		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ South, Eric C.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		College Station, TX 77845-8804					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
	Date 10/14/2025	Full name of contributor out-of-state PAC (ID#:_ Southside Women's Center, P.A. Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Corpus Christi, TX 78414-4108					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Spore, Scott Steven  Contributor address; City; State; Zip Code  Lubbock, TX 79416-4805		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Lubbock Urology Clinic		P	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Sridhar, Srikanth  Contributor address; City; State; Zip Code  Sugar Land, TX 77479-1996			•	Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UTMSH - Dept of Anest		siology	
	FIIYSICIAII			OTMOR - Dept of Allest	i ie:	ыоюу	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 125/147 Rpt: 144/185	5
2	FILER NAME	al Association Delitical Astion	O		3	Filer ID (Ethics Commission	Filers)
_		al Association Political Action			Ļ	00015658	
4	Date 10/05/2025	Full name of contributor     Stahlman, Matthew B.      Contributor address; City; Stahlman, Matthew B.	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
•	Dringing aggr	Austin, TX 78703-1459		Cool Instruction			
0	Phincipal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions Cardio Texas	5)		
	Date 10/06/2025	Full name of contributor Stavinoha, Michael W. Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00
		Houston, TX 77056-2615					
		pation / Job title (See Instructions	(3)	Employer (See Instructions		rology, Crootor Hoighto	
	Physician			UT Physicians Gastroe	nte	ology Greater Heights	
	Date 10/05/2025	Full name of contributor Stein, Scott Perry  Contributor address; City; Si	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$99.00
		Victoria, TX 77904-3300					
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Self Employed	s)		
	Date	Full name of contributor			Т	Amount of Contribution (\$)	
	10/05/2025	Stone, Zachary Thomas  Contributor address; City; Si  Celina, TX 75009-3401	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>l</u> s)		
	Physician			Centennial Pediatrics P	Α		
	Date 10/05/2025	Full name of contributor Story, Elizabeth S. Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
		Grapevine, TX 76051-658					
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Story Medical, PA	s)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 126/147 Rpt: 145/18	5
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/17/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (Story, Herbert B.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$300.00
8	Principal occu	Dallas, TX 75205-3619	la la	Employor (Soo Instructions	<u></u>		
•	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions USAP (Excel Anesthesi			
	Date 09/27/2025	Full name of contributor out-of-state PAC ( Strate, Susan M.  Contributor address; City; State; Zip Code  Wichita Falls, TX 76308-4722				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			North Texas Medical La	.boı	ratory	
	Date 10/05/2025	Full name of contributor out-of-state PAC ( Strauss, Mark G.  Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$99.00
		Odem, TX 78370-4307					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions CHRISTUS Trinity Clinic	•	homas Spann	
	Date 10/15/2025	Full name of contributor out-of-state PAC ( Strobel, Gennell DeAn  Contributor address; City; State; Zip Code  Sherman, TX 75090-5000		)		Amount of Contribution (\$)	\$16.50
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions G. Dean Strobel, MD PA			
	Date 10/21/2025	Full name of contributor out-of-state PAC ( Strock, Louis L.  Contributor address; City; State; Zip Code  Fort Worth, TX 76109-3109				Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Louis L. Strock, MD, PA			

	MONEI	ARY POLITICAL CONTRIBUT	IION	15		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 127/147 Rpt: 146/185	5
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action Committee				00015658	
4	Date 10/05/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
g	Principal occu	Dallas, TX 75214-4240 pation / Job title (See Instructions)	l <sub>o</sub>	Employer (See Instructions			
0	Physician Physician	oation / Job title (See instructions)	"	Sports Medicine Clinic of		orth Texas	
				Sports Medicine Clinic C	/		
	Date 10/05/2025	Full name of contributor out-of-state PAC (I Suarez, Rassull R.  Contributor address; City; State; Zip Code	ID#:	)		Amount of Contribution (\$)	\$99.00
		Rosharon, TX 77583-1210					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Dow Chemicals Co TX I	Div		
	Date 10/21/2025	Full name of contributor out-of-state PAC (I Sudheer K. Sankar, M.D., P.A.  Contributor address; City; State; Zip Code	ID#:	)		Amount of Contribution (\$)	\$99.00
		Houston, TX 77074					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	Date 10/21/2025	Full name of contributor out-of-state PAC (I Sudheer K. Sankar, M.D., P.A.  Contributor address; City; State; Zip Code  Houston, TX 77074	ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/21/2025	Full name of contributor out-of-state PAC (I Sulapas, Irvin  Contributor address; City; State; Zip Code  Houston, TX 77007-4346	ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT Physicians Family &		ommunity Medicine	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 128/147 Rpt: 147/18	5
2	FILER NAME Texas Medic	al Association Political Action Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/15/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Sun Eye Care PA</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$99.00
_	Deignigal	El Paso, TX 79902	O Familia var (Cara Instructiona			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Sutherland, Haley D. Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$99.00
	Deinsinal	Benbrook, TX 76126-2222	Faralassa (Ossalastasstisas	$\overline{\Gamma}$		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions TeamHealth/EMC	5)		
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Swearingen, Alan B.  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$99.00
		Boerne, TX 78006-4239				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Advanced Pain Medicine	•	ι Rehab	
	Date 09/27/2025	Full name of contributor out-of-state PAC (ID#:_Swift, Brian T.  Contributor address; City; State; Zip Code  Benbrook, TX 76126-2457			Amount of Contribution (\$)	\$1,000.00
		pation / Job title (See Instructions) ce President/CEO	Employer (See Instructions Tarrant County Medical		ciety	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Szczerba, Arthur Jack Contributor address; City; State; Zip Code Wichita Falls, TX 76310-1407	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Arthur J. Szcerba, MD F			

	MONET	ARY POLITICAL CONTRIBUTIO	7(	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 129/147 Rpt: 148/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/14/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
_	Deignaignal	Spring, TX 77379-7588	_				
8	Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Conroe Medical Center		spital	
	Date 10/05/2025	Full name of contributor		)		Amount of Contribution (\$)	\$99.00
	Deinsinal assu	Georgetown, TX 78628-6957					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Tejas Ear, Nose and Th		at, PA	
	Date 10/05/2025	Full name of contributor out-of-state PAC (ID#:_ Tariq, Shabrez  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Houston, TX 77083-6316					
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions Houston Spine and Join		ain Consultants	
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_ Taylor, Constance C.  Contributor address; City; State; Zip Code  Amarillo, TX 79124-4939				Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) rner		Employer (See Instructions Business Owner	5)		
	Date 10/21/2025	Full name of contributor out-of-state PAC (ID#:_ Taylor, Kristen E.  Contributor address; City; State; Zip Code  Aledo, TX 76008-1466		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
		•					

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 130/147 Rpt: 149/185	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/03/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$55.00
_	Deinsinal assu	Abilene, TX 79602-5479	۱,	Franks on (Cas Instructions	<u></u>		
8		pation / Job title (See Instructions) nce President 2015-16	9	Employer (See Instructions Business Owner	5)		
	Date 10/02/2025	Full name of contributor out-of-state PAC (ID#:_ Teichelmann, Sara Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$55.00
	Principal occu	Mc Gregor, TX 76657-3456 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	;) 		
	Business Ow			Business Owner	,		
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_ Tesfa, Ganana Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$16.50
		Irving, TX 75063-8413					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Neurology Associates o		rlington, PA	
	Date 10/09/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Family Medicine PA  Contributor address; City; State; Zip Code  La Grange, TX 78945				Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_ Thomas C. Cole, Jr. MD PA  Contributor address; City; State; Zip Code  Huntsville, TX 77340		)		Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 131/147 Rpt: 150/18	5
2	FILER NAME	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	n Filers)
_					<u> </u>		
4	Date 10/09/2025	<ul><li>5 Full name of contributor Thomas, Suchmor</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	ľ	Amount of Contribution (\$)	\$300.00
		League City, TX 77573-67					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<b></b>		
	Physician			First Choice Emergency	of	Alvin	
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Π	Amount of Contribution (\$)	
	10/15/2025	Thompson, Jeffrey B.	out of state 1 Ac (ID#			ranount of Continuation (4)	\$33.00
	10/10/2020		ato: Zin Codo				Ψ00.00
		Contributor address; City; Sta	ale, Zip Code				
		Beaumont, TX 77701					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	;) [		
	Physician			Baptist Hospitals of Sou		ast Texas	
		Full name of contributor		,			
	Date 10/05/2025	Thoppil, John J.	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$300.00
	10/03/2023						φ300.00
		Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78732-1644					
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	;) 		
	Physician	pation / cos title (cos motidotorio)	′	River Place OBGYN	,,		
		Full access of a contribution		,	_	Δ	
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#00.00</b>
	10/05/2025	Tiblier, Eric S.					\$99.00
		Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78731-4541					
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	:) 		
	Physician	pation / 300 title (See Instructions,	′	Cardiac Clinic of Austin	"		
				Cardiac Cirrio di 7 tastiri	_		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#</b> 00.00
	10/05/2025	Till, Larry P.					\$99.00
		Contributor address; City; Sta	ate; Zip Code				
		The Woodlands TV 77200	2642				
	Dringing!	The Woodlands, TX 77380		Employer (Con Instruction	<u>, ,                                  </u>		
		pation / Job title (See Instructions)		Employer (See Instructions		vione	
	Physician			Integrated Emergency S	er\	/ICES	

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 132/147 Rpt: 151/185	
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
_	5	Dallas, TX 75230-2312	_	5 1 (0 1 1 1	<u></u>		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 09/27/2025	Full name of contributor		)		Amount of Contribution (\$)	\$99.00
		Austin, TX 78701-1672			Ĺ		
	•	pation / Job title (See Instructions) ublic Affairs, Lobbyist		Employer (See Instructions Texas Medical Associat			
	Date 10/10/2025	Full name of contributor out-of-state PAC (ID#: Tony W. Shallin MD PA  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Georgetown, TX 78626					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/14/2025	Full name of contributor out-of-state PAC (ID#:_ Toronjo, Walter David Contributor address; City; State; Zip Code Huntsville, TX 77342-1432		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u>l</u> 5)		
	Date 10/17/2025	Full name of contributor out-of-state PAC (ID#:_ Torres, Elizabeth Contributor address; City; State; Zip Code Sugar Land, TX 77479-2105		)		Amount of Contribution (\$)	\$75.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Premier Internal Medicin		Assoc PA	

	MONET	ARY POLITICAL CONTRIBUTIO	<u></u>	IS 		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 133/147 Rpt: 152/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission I 00015658	-ilers)
4	Date 10/25/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
		Plano, TX 75074-0135					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	s)		
	Date 10/05/2025	Full name of contributor  out-of-state PAC (ID#:_ Tran, Maclong T.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Principal occu	Richardson, TX 75082-5604 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Physician Physician	pation / Job title (See instructions)		Emergency Medicine Co		ultants, Ltd.	
	Date 10/23/2025	Full name of contributor out-of-state PAC (ID#:_ Trang, Diane Ngan Huynh Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Corpus Christi, TX 78401-3554					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Nueces County Medical	•	aminers Office	
	Date 10/22/2025	Full name of contributor out-of-state PAC (ID#:_ Trevino, Veronica  Contributor address; City; State; Zip Code  Edinburg, TX 78539-0125		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 09/29/2025	Full name of contributor out-of-state PAC (ID#:_ Trizna, Kathleen B.  Contributor address; City; State; Zip Code  Austin, TX 78733-3447		)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ov	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 134/147 Rpt: 153/185	5
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Medic	al Association Political Action	Committee			00015658	
4	Date 10/18/2025	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#: ite; Zip Code		7	Amount of Contribution (\$)	\$55.00
_		Temple, TX 76502-3067	<u> </u>				
8	Principal occu Business Ow		9	Employer (See Instructions Business Owner	s) 		
	Date 10/24/2025	Full name of contributor Tumu, Hari Contributor address; City; Sta Austin, TX 78705-1850	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occur	pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Physician	panent, con une (coe menuelle)		Austin Brain and Spine	,		
	Date 10/03/2025	Full name of contributor Turner, Ralph J. Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$99.00
		Tyler, TX 75701-5730					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/05/2025	Full name of contributor Tuveson, Anne Terese Contributor address; City; Sta Dallas, TX 75225-6740	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Dermatology Physicians		Dallas PA	
	Date 10/05/2025	Full name of contributor Twahirwa, Marcel Bahimba Contributor address; City; Sta Edinburg, TX 78539-1417		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Doctors Hospital At Ren		sance - Edinburg	
			·				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 135/147 Rpt: 154/185	j
2	FILER NAME	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
_					L		
4	Date 10/05/2025	<ul><li>5 Full name of contributor</li><li>Tyring, Stephen</li><li>6 Contributor address; City; St.</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$99.00
		Houston, TX 77058-3714					
8	Principal occu	pation / Job title (See Instructions	) 9	Employer (See Instructions	<u>.                                    </u>		
	Physician			Dermatology Associates		Texas	
		Full name of contributor			г		
	Date		out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ΦEE 00
	10/03/2025	Ulrich, Nancy					\$55.00
		Contributor address; City; St	ate; Zip Code				
		T 1 . TV 75707 4070					
		Tyler, TX 75707-1672					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Administrativ	ve		East Texas Neurology			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	10/21/2025	Urrea, Robert Edward					\$99.00
		Contributor address; City; St	ate; Zip Code		1		
		, ,,					
		El Paso, TX 79922-2039					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u>-</u>		
	Physician			Robert E. Urrea, MD PA	λ.		
	Date	Full name of contributor	out-of-state PAC (ID#:	,	Г	Amount of Contribution (\$)	
	10/02/2025		Out-of-State PAC (ID#			Amount of Contribution (\$)	\$55.00
	10/02/2025	Urso, Lori					Φ55.00
		Contributor address; City; St	ate; Zip Code				
		Arlington TV 76016 4156					
	Delegate at a second	Arlington, TX 76016-4156	. 1	Formal and the contraction of	<u></u>		
	•	pation / Job title (See Instructions)	)	Employer (See Instructions	5)		
	2018-20 TM/	AA VP of Fiscal Affairs		Business Owner			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/06/2025	Usman, Asim R.					\$99.00
		Contributor address; City; St	ate; Zip Code		1		
		Rockwall, TX 75032-8869					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<del>.</del> S)		
	Physician			Hunt Memorial Hospital	Dis	trict	
				·			

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 136/147 Rpt: 155/185	j
2	FILER NAME Texas Medic	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/02/2025	<ul><li>5 Full name of contributor Valdes, Todd</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$55.00
8	Principal occu Business Ov	Victoria, TX 77901-6301 pation / Job title (See Instructions) vner	9	Employer (See Instructions Business Owner	<u> </u> 5)		
	Date 10/05/2025	Full name of contributor Van Dorfy, Amy E.  Contributor address; City; Sta  Horseshoe Bay, TX 78657	·			Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Live Oak Medicine	<u> </u> 5)		
	Date 10/13/2025	Full name of contributor Vanexan, Elizabeth Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$55.00
		Corpus Christi, TX 78404- pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Physician St Date 10/02/2025	Full name of contributor Vassar, Jill H.  Contributor address; City; Sta		Business Owner		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ov	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	5)		
	Date 10/05/2025	Full name of contributor Vaughan, David B.  Contributor address; City; Sta  College Station, TX 77845		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas A&M HSC Colleg		f Medicine	

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this forr	m.	1	Total pages Schedule A1: Sch: 137/147 Rpt: 156/185	i
2	FILER NAME	al Association Political Action Co	mmittee		3	Filer ID (Ethics Commission 00015658	Filers)
_		_			_		
4	Date 10/05/2025	<ul> <li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#: Zip Code		1	Amount of Contribution (\$)	\$99.00
0	Dringing conu	Flower Mound, TX 75022-648		Employer (Coo Instructions			
0	Physician Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	)		
	Date 10/05/2025	Full name of contributor Victores, Andrew Jacob Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
		Beaumont, TX 77707-2400					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Physician			Southeast Texas Ear, N	ose	e & Throat Associates	
	Date 10/09/2025	Full name of contributor  Viesca, Carlos O.  Contributor address; City; State;	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$99.00
		El Paso, TX 79912-6431					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician			Deacon Carlos Omar Vie	esc	a	
	Date 10/17/2025	Full name of contributor Vijjeswarapu, Daniel V. Contributor address; City; State; San Antonio, TX 78253-6283	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$625.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions CentroMed	)		
	Date 10/05/2025	Full name of contributor Villegas, Roberto Contributor address; City; State; Laredo, TX 78045-8159	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		

	MONETARY POLITICAL CONTRIBUTIONS			NS		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 138/147 Rpt: 157/18	5	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)	
4	Date 10/17/2025	10/17/2025 Vinh, Baominh P.  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$99.00		
8	Principal occu Physician	Houston, TX 77024-4744 pation / Job title (See Instructions)	9	Employer (See Instructions Cy-Pain & Spine	<u> </u> ;)			
	Date 10/05/2025	Full name of contributor out-of-state PAC Vu, Chau M.  Contributor address; City; State; Zip Code  Friendswood, TX 77546-6206	C (ID#:			Amount of Contribution (\$)	\$100.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Chau Vu, MD, PA	<u> </u> 5)			
	Date 10/05/2025	Full name of contributor	C (ID#:	)		Amount of Contribution (\$)	\$300.00	
	Principal occu	Crockett, TX 75835-0481 pation / Job title (See Instructions)		Employer (See Instructions	 s)			
	Physician			Houston County Surgice	Surgical Associates			
	Date Full name of contributor out-of-state PAC (ID#:)  10/05/2025 Walsh, Heather Gayle Sutton  Contributor address; City; State; Zip Code  Mineral Wells, TX 76067-1730		)		Amount of Contribution (\$)	\$300.00		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Palo Pinto General Hos		ıl		
	Date 10/02/2025	Full name of contributor out-of-state PAC Walsh, Sherri Contributor address; City; State; Zip Code Houston, TX 77030-4360	C (ID#:			Amount of Contribution (\$)	\$55.00	
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	s)			

	MONEI	ARY POLITICAL C	ONTRIBUTION	vs 		SCHEDULE	<b>E A1</b>
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 139/147 Rpt: 158/185	
2	FILER NAME Texas Medic	cal Association Political Action	Committee		1	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/09/2025	<ul><li>5 Full name of contributor Wang, Allen Shawlun</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
_	Deire dinal and	Plano, TX 75024-7462	<u> </u>	Tarabasas (Coo Instructions			
8	Principal occu Physician	upation / Job title (See Instructions)	)  9	Employer (See Instructions North Dallas Eye Associ			
	Date 10/06/2025	Full name of contributor Wang, Haihui Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu	Pearland, TX 77584-4114 upation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Physician Rheumatology Center of			ouston			
	Date Full name of contributor out-of-state PAC (ID#:)  10/13/2025 Warthan, Travis Lynn  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$99.00	
		Nacogdoches, TX 75965-6	6519				
	Principal occu Physician	ipation / Job title (See Instructions)	)	Employer (See Instructions Self Employed	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/05/2025 Watkins, Jeremy Paul  Contributor address; City; State; Zip Code  Fort Worth, TX 76116-0929				Amount of Contribution (\$)	\$99.00	
	Principal occu Physician	upation / Job title (See Instructions)	)	Employer (See Instructions Fort Worth ENT	s)		
	Date 10/10/2025	Full name of contributor Way, Sarah  Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$300.00
	Principal occu Physician	upation / Job title (See Instructions)	)	Employer (See Instructions Texas Health Dallas - P		byterian Hospital	

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 140/147 Rpt: 159/1	 85
2	FILER NAME Texas Medic	al Association Political Action C	Committee		3	Filer ID (Ethics Commission 00015658	on Filers)
4	Date 10/14/2025	<ul><li>5 Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$99.00
		Harlingen, TX 78550-8326					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 10/12/2025	Full name of contributor [ Wellford, Armistead L. Contributor address; City; Stat		)		Amount of Contribution (\$)	\$99.00
	Principal occu	San Antonio, TX 78230-289 pation / Job title (See Instructions)	97	Employer (See Instructions	z)		
	Physician Physician	pation 7 500 title (See Instructions)		Heart & Vascular Institu		of Texas, P.A.	
	Date 10/17/2025	Full name of contributor  Weltge, Arlo F.  Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code	)	•	Amount of Contribution (\$)	\$300.00
		Bellaire, TX 77401-4826					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UTMSH - Dept of Emerg	-	ncy Medicine	
	Date 10/02/2025	Full name of contributor  Wendl-Aoshima, Brittany  Contributor address; City; Stat  Corpus Christi, TX 78412-2	te; Zip Code	)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ov	pation / Job title (See Instructions) vner		Employer (See Instructions Business Owner	s)		
	Date 10/05/2025	Full name of contributor White, Chad Contributor address; City; Stat Hamlin, TX 79520-2818	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Clearfork Health Center			
	-						

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 141/147 Rpt: 160/18	5
2	FILER NAME Texas Medic	al Association Political Action Con	nmittee		3	Filer ID (Ethics Commission 00015658	n Filers)
4	Date 10/05/2025	White, David C.	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$99.00
		Uvalde, TX 78801-4020	<u> </u>				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Sage Family Medicine A	,	ociates PA	
	Date 10/05/2025	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$99.00
		Dallas, TX 75209-3342					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions USA Plastic Surgery	)		
	Date 10/20/2025	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$300.00
		Dallas, TX 75230-3105					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Key Whitman Eye Center	-	PA	
	Date 10/03/2025	Wilcox, Shana		)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	)		
	Date 10/03/2025	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Business Owner	)		
			,				

	MONEI	ARY POLITICAL CONTRIBUTIO	)N	15		SCHEDULI	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 142/147 Rpt: 161/185	5
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Medic	cal Association Political Action Committee				00015658	
4	Date 10/13/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
		Abilene, TX 79605-3908					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Physician			Pediatric Associates of	٩bi	lene	
_	Date	Full name of contributor  out-of-state PAC (ID#:		1		Amount of Contribution (\$)	
	09/27/2025	Wilhelm, David				ranount of Contribution (¢)	\$99.00
	00/21/2020						Ψ55.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701-1672					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>		
		/e Director, Division of Advocacy		Texas Medical Associat			
_	Date	Full name of contributor		)		Amount of Contribution (\$)	
10/19/2025 Wilhelm, David Michael		/		7 41104111 61 6011411544611 (4)	\$300.00		
		Contributor address; City; State; Zip Code					
		Amarillo, TX 79119-6257					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Physician			Amarillo Urology Associ	ate	S	
	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 occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Physician			Munson Army Health Ce	ent	er	
	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 occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Physician			University of Texas Med	lica	l Branch (UTMB)	
l							

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 143/147 Rpt: 162/185	5
2	FILER NAME	al Association Political Action (	Committee		3	Filer ID (Ethics Commission 00015658	Filers)
_					L		
4	Date 10/17/2025	<ul> <li>5 Full name of contributor [         Williams, Paul Brian</li> <li>6 Contributor address; City; Sta</li> </ul>	out-of-state PAC (ID#: te; Zip Code	)	7 	Amount of Contribution (\$)	\$25.00
	Drive in all and	Longview, TX 75605-7706	10	Fundamental Control of Control			
8		pation / Job title (See Instructions)	l <sup>9</sup>	Employer (See Instructions		Lamanda	
	Physician			Texas Urology Specialis	SIS -	Longview	
	Date 10/13/2025	Full name of contributor [ Williamson, John Beau Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$99.00
		Huntsville, TX 77340-0053					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Physician Self Employ		Self Employed					
	Date 10/02/2025	Full name of contributor [ Wilson, Jan Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$55.00
		Austin, TX 78746-4693					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Business Ow			Business Owner	-,		
					_	Amount of Contribution (#)	
Date Full name of contributor out-of-state PAC (ID#:)  10/05/2025 Wilson, Lawrence A.  Contributor address; City; State; Zip Code  Midland, TX 79708-8006				Amount of Contribution (\$)	\$125.00		
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions WesTex Urgent Care Pl	•	;	
	Date 10/15/2025	Full name of contributor Wilson, Rick Ken Contributor address; City; Sta	out-of-state PAC (ID#:	)	-	Amount of Contribution (\$)	\$99.00
		Denton, TX 76205-8495					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Cooper Clinic, PA	s)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 144/147 Rpt: 163/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	Filers)
4	Date 10/05/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$99.00
_		Odessa, TX 79765-2239	_		_		
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Medical Center Hospital			
	Date 10/05/2025	Full name of contributor				Amount of Contribution (\$)	\$99.00
	Principal occur	Grapevine, TX 76051-1118 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Physician	sation, oop title (oce manachoris)		Amanda Wolthoff, MD F			
	Date 10/09/2025	Full name of contributor out-of-state PAC (ID#:_ Woodbridge, Ann R.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Dallas, TX 75230-2598					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Health Central Women's		are-Dallas	
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_ Woodward, Jan Contributor address; City; State; Zip Code Abilene, TX 79605-4826		)		Amount of Contribution (\$)	\$55.00
	Principal occu Business Ow	pation / Job title (See Instructions) Iner		Employer (See Instructions Business Owner	5)		
	Date 10/15/2025	Full name of contributor out-of-state PAC (ID#:_ Wooming, George Andrew Contributor address; City; State; Zip Code  Dallas, TX 75205-5416		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instruc	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 145/147 Rpt: 164/185	
2	FILER NAME Texas Medic	al Association Political Action Committee			3	Filer ID (Ethics Commission 00015658	n Filers)
4	09/27/2025 Wright, Ben  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
_	5	Austin, TX 78701-1672	la la	-	Ĺ		
8		pation / Job title (See Instructions) ublic Affairs, Lobbyist	9	Employer (See Instructions Texas Medical Associat			
	Date 10/05/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
	Dringinal occur	Port Lavaca, TX 77979-5221 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Physician	pation / Job title (See Instructions)		Port Lavaca Clinic Asso		tes, PA	
	Date 10/05/2025	Full name of contributor out-of-state Wu, Jennifer D.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$99.00
		Houston, TX 77005-1319					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Office Anesthesic	•	ЭУ	
	Date 10/05/2025	Xavier, Joseph R.	PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/06/2025	Full name of contributor out-of-state Yi, Won Contributor address; City; State; Zip Code Houston, TX 77005-2029		)		Amount of Contribution (\$)	\$99.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	()		
			•				

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 146/147 Rpt: 165/18	85
2	FILER NAME	al Association Political Action	Committee		3	Filer ID (Ethics Commission 00015658	on Filers)
_					Ļ		
4	Date 10/03/2025	<ul><li>5 Full name of contributor</li><li>Young, Robin</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$55.00
	Drivering	Aledo, TX 76008-6905	. la	Facility (0 - latest in			
8		pation / Job title (See Instructions	9	Employer (See Instructions	5)		
	Business Ow	vner		Business Owner			
	Date 10/09/2025	Full name of contributor Younis, George A. Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
		Houston, TX 77056-2014					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
Physician Younis Cardiology		Younis Cardiology Asso	cia	tes, PLLC			
	Date 10/05/2025	Full name of contributor Zamora, Belda Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$99.00
		Austin, TX 78746-3723					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	;) [		
	Physician	patient, cos title (cos metraciones	,	Capitol City Family Prac	•	غ	
		Full recess of contributor					
	Date 10/05/2025	Full name of contributor Zanchi, Michael A.  Contributor address; City; S  Corpus Christi, TX 78411	·			Amount of Contribution (\$)	\$99.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>L</u> 5)		
	Physician	`	,	Northstar Anesthesia - (		pus Christi	
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	10/05/2025	Zeid, Yasser Fahmy	U out-of-state PAC (ID#	J		Amount of Contribution (4)	\$2,125.00
		Contributor address; City; S  Corpus Christi, TX 78404					¥=,==0.00
_		pation / Job title (See Instructions	<u> </u>	Employer (See Instructions			
	Physician			Corpus Christi Medical (	Cei	nter	

	MONET	ARY POLITICAL CONTRIBUTION	NS			SCHEDULE A1
	The Instru	ction Guide explains how to complete this t	rm.		1	Total pages Schedule A1: Sch: 147/147 Rpt: 166/185
2	FILER NAME Texas Medic	cal Association Political Action Committee			3	Filer ID (Ethics Commission Filers) 00015658
4	Date 10/05/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Zomnir, Jennifer M.</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$) \$99.00
8	Principal occu	Prosper, TX 75078-9136  upation / Job title (See Instructions)		ployer (See Instructions If Employed	)	

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

┕					
	The Instruc	ction Guide explains how to complete this form.	1	Total pages S Sch: 1/1 Rp	
2	FILER NAME Texas Medic	al Association Political Action Committee	3	Filer ID 00015658	(Ethics Commission Filers)
4	Date 10/15/2025	5 Corporation / Labor Organization name 1st Choice Pediatrics, PLLC	6	Amount (\$)	99.00
	Date 10/15/2025	Corporation / Labor Organization name 1st Choice Pediatrics, PLLC		Amount (\$)	99.00
	Date 10/21/2025	Corporation / Labor Organization name Arthritis Care of Texas		Amount (\$)	99.00
	Date 10/21/2025	Corporation / Labor Organization name Cano Family Medicine Clinic PLLC		Amount (\$)	99.00
	Date 10/15/2025	Corporation / Labor Organization name Dailey Medical Clinic LLC		Amount (\$)	99.00
	Date 10/10/2025	Corporation / Labor Organization name Fredericksburg Eye Associates, PLLC		Amount (\$)	99.00
	Date 10/24/2025	Corporation / Labor Organization name Heart and Vascular Center of North Houston		Amount (\$)	99.00
	Date 10/15/2025	Corporation / Labor Organization name Highlander Surgical Associates PLLC		Amount (\$)	99.00
	Date 10/15/2025	Corporation / Labor Organization name In vogue Total Women's Healthcare, PLLC		Amount (\$)	99.00
	Date 10/24/2025	Corporation / Labor Organization name John G McHenry MD MPH PLLC		Amount (\$)	99.00
	Date 10/15/2025	Corporation / Labor Organization name Katarizo Inc.		Amount (\$)	99.00
	Date 10/20/2025	Corporation / Labor Organization name PCCSS PLLC		Amount (\$)	99.00
	Date 10/20/2025	Corporation / Labor Organization name Paris OBGYN		Amount (\$)	99.00
	Date 10/15/2025	Corporation / Labor Organization name Rich Haskett MD PLLC		Amount (\$)	99.00
	Date 10/20/2025	Corporation / Labor Organization name St. Elizabeth Management Group Inc.		Amount (\$)	99.00
	Date 10/21/2025	Corporation / Labor Organization name Texas Family Wellness Clinic		Amount (\$)	99.00
	Date 10/15/2025	Corporation / Labor Organization name Vik Wall Inc		Amount (\$)	99.00

# NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 168/185 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Medical Association Political Action Committee 00015658 Date 5 Corporation / Labor Organization name 6 Amount (\$) 10/22/2025 44,078.35 **Texas Medical Association**

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Aicha Davis, STATE HOUSE 109th TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to seriorit ever	
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
<u>'</u>	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Angelia Orr, STATE HOUSE 13th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Device same
10/08/2025	Payee name Angio Chon Button for Toyas House
	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITURE	Candidate/Officeholder/Political Committee
	Angie Button, STATE HOUSE 112th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/OI	· 

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica	
Credit Card Payment	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Ann John Son, State 11003E 134th TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/08/2025	Bhojani for Texas
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 392
\$300.00	F.O. DOX 392
Expenditure from	Fulses TV 76030
corporate funds	Euless, TX 76039
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Salman Bhojani, STATE HOUSE 92nd TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI LINDITORL	Candidate/Officeholder/Political Committee
	Bryan Hughes, STATE SENATE 1st TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/17 Rpt:	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
10/14/2025	Caroline Fairly for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 20445
Expenditure from corporate funds	Amarillo, TX 79144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Caroline Fairly, STATE HOUSE 87th TX
	Caroline Fairly, STATE HOUSE Of ITTA
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-1
Date	Payee name
10/08/2025	Cassandra Hernandez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1289
Expenditure from	A 11' TV 75004
corporate funds	Addison, TX 75001
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Cassandra Hernandez, STATE HOUSE 115th TX
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/08/2025	Chris Turner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 182093
Expenditure from corporate funds	Arlington, TX 76096
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Chris Turner, STATE HOUSE 96th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
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 (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. 71738
Expenditure from corporate funds	El Paso, TX 79917
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Claudia Ordaz, STATE HOUSE 79th TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
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	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Claudia Ordaz, STATE HOUSE 79th TX
	Claudia Oldaz, STATE 11003E 79til 17
Complete ONLY if direct expenditure to benefit C/O	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Cole Hefner, STATE HOUSE 5th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	<b>y</b>

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/17 Rpt:	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Donna Campbell, STATE SENATE 25th TX
Complete ONLY if direct expenditure to benefit C/OI	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
42,000.00	1 S 23/1 S2/1 S
Expenditure from corporate funds	Lubbock, TX 79493
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Dustin Burrows, STATE HOUSE 83rd TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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	(a) Category (See Categories listed at the top of this schedule)  (b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Elizabeth Campos, STATE HOUSE 119th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 6/17 Rpt:	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
09/29/2025	Friends of Tom Oliverson
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1 E Greenway Plaza Ste 225
- Formanditure Cons	
Expenditure from corporate funds	Houston, TX 77046
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	TOTA OTIVETSON, STATE FIGURE 130011 IA
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	-1
Date	Payee name
09/30/2025	Greg Abbott Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	P.O. Box 308
Expenditure from	
corporate funds	Austin, TX 78767
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Condidate/Officeholder/Political Committee
	Candidate/Officeholder/Political Committee Greg Abbott, GOVERNOR TX
	Sing Austria Coverno Avenue
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	<del>-</del>
Date	Payee name
10/23/2025	Hubert Vo Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 2227
Evponditure from	
Expenditure from corporate funds	Alief, TX 77411
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Hubert Vo, STATE HOUSE 149th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>y</b>
	this Commission

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Janie Lopez, STATE HOUSE 37th TX
O Committee ONII V if allowed	On stide to 10 ff as hadden marries Off as hadden
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Jessica Guitzalez, STATE HOUSE 104til TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	John Bryant, STATE 11003E 114th 17
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Payment	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	5 Payee name
10/08/2025	John McQueeney Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 100458
Expenditure from corporate funds	Fort Worth, TX 76185
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	John McQueeney, STATE HOUSE 97th TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
10/08/2025	Josey Garcia for Texas House
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	110 E. Houston Street
Funanditura from	7th Floor, Box 176
Expenditure from corporate funds	San Antonio, TX 78205
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE	Candidate/Officeholder/Political Committee
	Josey Garcia, STATE HOUSE 124th TX
Commission ONII V if dispose	Candidate/Officeholder page
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/21/2025	Judith Zaffirini Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 627
Expenditure from	
corporate funds	Laredo, TX 78042-0627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee    Check if Austin, TX, officeholder living expense   Judith Zaffirini, STATE SENATE 21st TX
	555 55 55
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 9/17 Rpt:	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
10/08/2025	Keith Bell Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 1178
Expenditure from corporate funds	Forney, TX 75126
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Keith Bell, STATE HOUSE 4th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
D-1-	
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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Lauren Simmons, STATE HOUSE 146th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Data	Davies same
Date 10/08/2025	Payee name Linda For Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1908 Haddock Drive
Expenditure from corporate funds	Mesquite, TX 75149
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Linda Garcia, STATE HOUSE 107th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 10/17 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015658
4 Date	5 Payee name
10/23/2025	Mano DeAyala Campaign
<b>6</b> Amount (\$) \$500.00	<ul><li>7 Payee address; City; State; Zip Code</li><li>12335 Kingsride Lane #416</li></ul>
φ500.00	12333 Killigalide Laile #410
Expenditure from corporate funds	Houston, TX 77024
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Mano DeAyala, STATE HOUSE 133rd TX
O Commission ONLY if dispose	Condidate/Officeholder name Office county
9 Complete ONLY if direct expenditure to benefit C/OI	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Mary Perez, STATE HOUSE 144th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Mihaela Plesa, STATE HOUSE 70th TX
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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
Expenditure from	#400
corporate funds	Dallas, TX 75219
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Morgan Meyer, STATE HOUSE 108th TX
• • • • • • • • • • • • • • • • • • •	
Complete ONLY if direct expenditure to benefit C/OI	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
Expenditure from corporate funds	Fort Worth, TX 76104
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	, 577.12.10002 00.117.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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
Expenditure from corporate funds	Houston, TX 77292
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Penny Shaw, STATE HOUSE 148th TX
Commission ONUV # alling	Constitute / Office helder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 12/17 Rpt:	Texas Medical Association Political Action Committee 00015658
4 Date	5 Payee name
10/02/2025	Phil King Campaign
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code P.O. Box 1913
Ψ2,300.00	1.0. Box 1313
Expenditure from corporate funds	Weatherford, TX 76086
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officerolder/Political Committee   Light State   Phil King, STATE SENATE 10th TX
Complete ONLY if direct expenditure to benefit C/OI	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Rafael Anchia, STATE HOUSE 103rd TX
Complete ONLY if direct expenditure to benefit C/OI	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Kamon Komero, STATE 11003E 30th TA
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 13/17 Rpt:	2 FILER NAME Texas Medical Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 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	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Ramon Romero, STATE HOUSE 90th TX
Complete ONLY if direct expenditure to benefit C/OI	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
- Funanditura from	PO Box 20032
Expenditure from corporate funds	Beaumont, TX 77720
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Nay Gallas, STATE HOUSE 21st TA
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	1416tat Bowers, 617112 116662 115til 17
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 14/17 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	Ron Reynolds Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	6140 Hwy 6 South #233
Expenditure from	Missouri City, TX 77459
corporate funds	Wilssouti City, 1 × 11439
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	Ron Reynolds, STATE HOUSE 27th TX
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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	
\$1,000.00	320 S R.L. Thornton Fwy
Expenditure from	Suite 220
corporate funds	Dallas, TX 75203-1804
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Royce West, STATE SENATE 23rd TX
Complete ONLY if direct expenditure to benefit C/OI	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
Ψ3,000.00	1.0. 50% 2440
Expenditure from corporate funds	Georgetown, TX 78627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Contributions/Donations Made By   Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Charles Schwertner, STATE SENATE 5th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Inkind For Fundraising Event
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Joan Huffman - ATTORNEY GENERAL/ InKind For Fundraising Event
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Donna Campbell - STATE SENATE/25 InKind For Fundraising Event
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
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
— Consenditure from	
Expenditure from corporate funds	Houston, TX 77002
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Attitude Walle, STATE HOOSE 140th 17A
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	
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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Todd Haller, STATE HOOSE SZIId TA
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Tom 1000, 31/11E 11003E 110m 17
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
orodic odra i dymoni	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
Expenditure from corporate funds	Lufkin, TX 75902
•	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Trent Ashby, STATE HOUSE 57th TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
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
Expenditure from corporate funds	Dallas, TX 75215
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Venton Jones, STATE HOUSE 100th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
10/08/2025	Vince Perez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 71309
Expenditure from corporate funds	El Paso, TX 79917
PURPOSE	·
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Vince Perez, STATE HOUSE 77th TX
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	