



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Pharmacy Association PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00016271
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,425.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,500.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 182,131.00
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

\_\_\_\_\_  
CEO RoxAnn Dominguez  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 24

<b>17 COMMITTEE NAME</b> Texas Pharmacy Association PAC		<b>18 Filer ID</b> 00016271	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,825.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	1,600.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/19 Rpt: 4/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abu-Baker, Asim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413-6002	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarado, Christopher <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78253-6283	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Awukam, Blessing <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459-5541	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Camille <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056-3740	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Basinger, Rachel <hr/> Contributor address; City; State; Zip Code  Garland, TX 75044-8125	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/19 Rpt: 5/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 11/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bates, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Marshall, TX 75672-5866	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bayer, Adam <hr/> Contributor address; City; State; Zip Code  Vernon, TX 76384-3165	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beall, Michelle <hr/> Contributor address; City; State; Zip Code  Tatum, TX 75691-3769	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boboye, Law <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017-1739	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bolden, April <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76112-3847	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/19 Rpt: 6/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bueche, Jay <hr/> <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-2927	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bujnoch, Tatiana <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76904-8121	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buras, Lynde <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845-5560	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cannon, LaVonia <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77407-4036	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capers, Willie <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346-3876	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/19 Rpt: 7/24
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carruthers Hernandez, Robert	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code  Amarillo, TX 79118-1140	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cervantes, Adrian	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Harlingen, TX 78552-6232	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Lauren	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Austin, TX 78757-8213	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruse, Brittney	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Sugar Land, TX 77479-6111	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cunningham, William	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Wolfforth, TX 79382-2156	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/19 Rpt: 8/24
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dawson, Susan	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Flower Mound, TX 75028-4812	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dozier, Dawn	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Pearland, TX 77584-7210	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driver, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Channelview, TX 77530-4559	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eveld, Kayla	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75027-0496	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fernandez, Ricardo	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Argyle, TX 76226-1676	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/19 Rpt: 9/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fielder, Marla <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77064-1734	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Franklin, Brittany <hr/> Contributor address; City; State; Zip Code  The Colony, TX 75056-3928	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fry, Wilson <hr/> Contributor address; City; State; Zip Code  Manor, TX 78653-3873	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) George, Marshall <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728-4563	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibbs, Patricia <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78015-4482	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/19 Rpt: 10/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson, Aaron <hr/> <b>6</b> Contributor address; City; State; Zip Code  Andrews, TX 79714-3618	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales, Karen <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502-3854	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hakam, Amer <hr/> Contributor address; City; State; Zip Code  Peoria, AZ 85383-6668	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall, Yaneya <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-2040	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hampton, Lee Ann <hr/> Contributor address; City; State; Zip Code  Detroit, TX 75436-4500	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/19 Rpt: 11/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hardy, Atheia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77469-1118	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hicks, Mary <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76244-5288	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) High, W. Carter <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76244-6648	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hobart, Christopher <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423-6165	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, Michael <hr/> Contributor address; City; State; Zip Code  Seabrook, TX 77586-2822	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/19 Rpt: 12/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 11/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Irula, Carlos	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Wylie, TX 75098-6025		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Derek	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Humble, TX 77346-3714		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Alice	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78731-2028		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Jeri	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Katy, TX 77450-5128		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joseph, Stephanie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Pearland, TX 77581-8835		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/19 Rpt: 13/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 11/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kadivi, Kyle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034-2646	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kadivi, Kyle <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034-2646	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kandi, Sirisha <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-5985	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kara, Deveena <hr/> Contributor address; City; State; Zip Code  Plano, TX 75025-6068	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Killam-Worrall, Lisa <hr/> Contributor address; City; State; Zip Code  Saginaw, TX 76131-2911	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/19 Rpt: 14/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klein, Mary	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79602-8181		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kleinschmidt, Anna	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code  Lexington, TX 78947-4939		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lewis, Januari	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Dallas, TX 75211-0487		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lingam, Sravanthi	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Flower Mound, TX 75028-1466		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martins, Bukola	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  San Antonio, TX 78240-5057		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/19 Rpt: 15/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKeefer, Haley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76179-1579	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McMahon, Linda <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093-4529	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mcnabb, Benjamin <hr/> Contributor address; City; State; Zip Code  Eastland, TX 76448-2536	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Millican, Jamie <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76108-6988	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moses, Traylor <hr/> Contributor address; City; State; Zip Code  Idalou, TX 79329-9050	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/19 Rpt: 16/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moussallie, George <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edgewood, WA 98371-1408	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murhammer, Payal <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028-3793	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Christine <hr/> Contributor address; City; State; Zip Code  Little Elm, TX 75068-2958	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Okocha, Chinedu <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034-0063	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Stephanie <hr/> Contributor address; City; State; Zip Code  Borger, TX 79008-3282	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/19 Rpt: 17/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paruszewski, Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379-7815	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phan, Tho <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75054-6846	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Platin, Tracey <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75072-5208	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Read, Scott <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-2002	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reagan, Carol <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2611	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/19 Rpt: 18/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reeder, Todd <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78006-2998	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rider, Kay <hr/> Contributor address; City; State; Zip Code  Prague, OK 74864-1501	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sarraj, Nada <hr/> Contributor address; City; State; Zip Code  Houston, TX 77094-1441	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Savage, Vincent <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78245-3385	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schaffer, Kimberly <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613-5300	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/19 Rpt: 19/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Selby, Kelly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76205-8408	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Skeeler, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78748-3065	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Talbott, Sandra <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77478-4009	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tapia, Daniel <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78204-2386	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Justin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204-2358	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/19 Rpt: 20/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 11/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tong, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Haslet, TX 76052-3635	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tumlinson, Jesica <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640-8729	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valencia, Rebeka <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761-3731	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vu, Julie <hr/> Contributor address; City; State; Zip Code  Bentonville, AR 72713-3181	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weller, Charlotte <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75710-1411	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/19 Rpt: 21/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkerson, Loynecia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Manvel, TX 77578-3285	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Paul <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605-6667	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willis, Courtney <hr/> Contributor address; City; State; Zip Code  Bullard, TX 75757-8239	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wong, Annie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77039-4120	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Britney <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063-5554	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/19 Rpt: 22/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 11/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Abigail	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77271-0105		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yakoub, Noha	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78727-2128		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yakoub, Noha	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Austin, TX 78727-2128		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 23/24
<b>2</b> FILER NAME Texas Pharmacy Association PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 11/30/2025	<b>5</b> Corporation / Labor Organization name Texas Pharmacy Association	<b>6</b> Amount (\$) 1,600.00

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 24/24	<b>2</b> FILER NAME Texas Pharmacy Association PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016271
<b>4</b> Date 12/04/2025	<b>5</b> Payee name Cole Hefner Campaign	
<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 167  Mount Pleasant, TX 75456	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held