

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Greg Abbott Governor
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 36.59
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 56,309.14
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,255.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 292,975.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Clayton Stewart

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Ryan Guillen State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Todd Hunter State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Philip Cortez State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

MONTHLY FILING GPAC REPORT: PURPOSE

12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Jared Patterson State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Suleman Lalani State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ray Callas State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

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12 COMMITTEE NAME Texas Medical Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00015658
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Donna Campbell State Senator B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Charles Schwertner State Senator B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Joan Huffman Attorney General B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Medical Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015658
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35,078.26
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 993.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 20,237.88
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	\$ 26,255.92
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 9.36

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/58 Rpt: 7/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdulla, Mohammad Rizk	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Dearborn, MI 48128-1349	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of Wichita Falls, P.A.
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Stamatina Z.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75205-2919	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Methodist Mansfield Medical Center
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Advanced Skin Treatment Center	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109-1838	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Azar, Maurice	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Cleburne, TX 76033-6967	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Alazar Medical Group, PLLC
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albritton, Tiffany L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Katy, TX 77494-2600	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/58 Rpt: 8/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aleman, Micaela <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-1805	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Lone Star Urology
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali, Farhan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108-4212	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arlington Plastic Surgery, PA <hr/> Contributor address; City; State; Zip Code Arlington, TX 76014	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronoff, Stephen L. <hr/> Contributor address; City; State; Zip Code Fairview, TX 75069-8500	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) SL Aronoff, MD., PLLC
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arora, Gaurav <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-2304	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Digestive Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/58 Rpt: 9/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baradhi, Debbie S. <hr/> 6 Contributor address; City; State; Zip Code Lake Jackson, TX 77566-3758	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednarski, Karen A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-6619	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allergy & ENT Associates
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Kara A. <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022-5196	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Anesthesia Alliance of Dallas
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson Yu Huang, M.D., P.A. <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Stephanie Marie <hr/> Contributor address; City; State; Zip Code Prosper, TX 75078-9226	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/58 Rpt: 10/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Michelle A. <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-1802	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Michelle Berger Office
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhatt, Neil R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-4016	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Anesthesiology Group
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhuchar, Subodh Kumar <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-3909	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sugarland Med Ped Clinic, PA
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bietry, Raymond Emile <hr/> Contributor address; City; State; Zip Code Austin, TX 78705-1014	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Seton Heart Specialty Care & Transplant Ctr
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Alison Adams <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-3039	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/58 Rpt: 11/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boehm, Teresa E.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78746-3207	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boys and Girls Pediatric Clinic PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Brownsville, TX 78526-5203	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Daniel C.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78745-1291	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Regional Clinic - South Specialty
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braye, Edward Tildon	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Port Neches, TX 77651-5429	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breeze, Jill E.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Bells, TX 75414-2627	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/58 Rpt: 12/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Patricia Charlene L	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Garland, TX 75041-2546	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Helping Hands Medical Clinic
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Karen Jean	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Rancho Viejo, TX 78575-9798	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brough, Jonathan R.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Emory, TX 75440-7084	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Women's Health Specialist of Dallas PA
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, David W.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78703-3838	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Community Clinical Research (David Brown MD)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Stephen L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Robstown, TX 78380-6054	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/58 Rpt: 13/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Michael Gerard <hr/> 6 Contributor address; City; State; Zip Code Mineral Wells, TX 76067-8462	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Palo Pinto General Hospital
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Stefanie N. <hr/> Contributor address; City; State; Zip Code Ft Worth, OK 73104	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunata, Sandra <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-4720	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, John L. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-1209	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) John Burns MD PA
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-3735	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Gastroenterology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/58 Rpt: 14/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, David William	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75214-3750	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) David Carlson, MD PA
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Christian Lawrence	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Southlake, TX 76092-9629	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Surgical Associates Of The Mid-Cities
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Marvin Walter	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code San Angelo, TX 76904-2513	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carvounis, Petros E.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77024-3212	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Macula Vitreous Retina Physicians & Surgeons
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caskey, James M.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Lufkin, TX 75901-7771	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/58 Rpt: 15/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Crystal	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Houston, TX 77024-6434	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Peridot Global
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Central Texas Retina and Vitreous, P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78731-2562	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chakilam, Srujana	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Keller, TX 76248-0260	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang-Tung, Teri Bedillion	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-2858	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatha, Rupinder K.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Houston, TX 77065-3182	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Renal Clinic of Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/58 Rpt: 16/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavda, Jay <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-2522	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Shayona ENT
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chike-Obi, Chuma J. <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2038	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Office of Dr. Chuma J. Chike-Obi
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chinn, Elena N. <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087-8066	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lake Ray Hubbard Pediatrics, PA
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu, Laurence <hr/> Contributor address; City; State; Zip Code Austin, TX 78717-3821	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chun, Christopher Sung Jin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7446	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Epic Pain and Orthopedics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/58 Rpt: 17/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colbert, Gates B. <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080-2610	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Kidney & Hypertension Associates of Dallas
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Rebecca R. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-5521	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Children's Health
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conway, Jordan W. <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-5319	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Charles Everett <hr/> Contributor address; City; State; Zip Code Irving, TX 75038-5900	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Center for Foot and Ankle Restoration
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Sammy Lane <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119-4997	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Center of Amarillo

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/58 Rpt: 18/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craven, Judith L.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Lawrenceville, GA 30044-6094	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowley, William J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Spicewood, TX 78669-5131	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Anesthesiology Group
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Michael E.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Amarillo, TX 79124-4951	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) High Plains Radiological Association, LLP
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, George M.	Amount of Contribution (\$) \$33.00
	Contributor address; City; State; Zip Code Conroe, TX 77384-1553	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) George M. Davis, MD
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deaton, Cecilia Neuhaus	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Elgin, TX 78621-5519	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/58 Rpt: 19/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Angel, Alma Patricia <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-0285	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Autism Community Newtwork
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deutsch, Leisa M. <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-6146	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Neutral Buoyancy Laboratory
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dicpinigaitis, Paul A. <hr/> Contributor address; City; State; Zip Code League City, TX 77573-7236	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB Health Orthopedics
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobler-Dixon, Amber A. <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015-1080	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Panhandle Eye Group, LLP
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doss, Sarah Beth <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78131-1979	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas State University Student Health Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/58 Rpt: 20/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dossett, Lucy McCauley <hr/> 6 Contributor address; City; State; Zip Code Roanoke, TX 76262-0619	7 Amount of Contribution (\$) \$16.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Ruben Aleman & Associates <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-2480	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake, Richard D. <hr/> Contributor address; City; State; Zip Code Spring, TX 77381-6302	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dresel, Alexandra <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220-6415	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durojaye, Ponle <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-7971	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/58 Rpt: 21/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durrani, Neelofer S.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Houston, TX 77005-3922	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Memorial OB-Gyn, PA
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eadeh, Hanna C.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77098-1000	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo Guzman, M.D.P.A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eggleston, John M.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78731-3378	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Plastic Surgery Associates of Austin
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsa S. Mendoza, MD PA	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Brownsville, TX 78521-2482	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/58 Rpt: 22/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Endocrinology Associates <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601-2435	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Jeremy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-2020	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Physician Partners of America
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Diana <hr/> Contributor address; City; State; Zip Code Horizon City, TX 79928-5419	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) St. Andrew's Family Medicine Clinic
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Carolyn A. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287-4911	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Pediatric Assoc.
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farley, Phuong-Khanh Jessica <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087-0178	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/58 Rpt: 23/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fason, S. Drake <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-5836	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Austin Anesthesiology Group
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fayaz, Imran <hr/> Contributor address; City; State; Zip Code Spring, TX 77382-2741	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Brain and Spine Institute of North Houston
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher-Wikoff, Triwana L. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017-3748	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Health Care, P.L.L.C
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Morgan D. <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092-6731	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Nikki Shandell <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179-4555	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/58 Rpt: 24/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Ronnie L.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code New Braunfels, TX 78130-3156	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) New Braunfels Cardiology
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gasper, Stephen G.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carrollton, TX 75010-4901	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbey, Laura K.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78749-2705	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillean, Julia R.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rockwall, TX 75032-5857	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Metroplex Women's Care PLLC
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glaze, Sheila Robichaux	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lewisville, TX 75067-6029	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/58 Rpt: 25/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goff, Camille B. <hr/> 6 Contributor address; City; State; Zip Code Seabrook, TX 77586-1637	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Camille Goff, MD
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonsoulin, Morna <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1035	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fort Bend County Medical Examiner's Office
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Vanessa C. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-3013	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Driscoll Children's Urgent Care
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman, Mary Gwen <hr/> Contributor address; City; State; Zip Code Austin, TX 78754-4115	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goss, Harry F. <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-2209	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Kidney Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/58 Rpt: 26/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granchi, Thomas S. <hr/> 6 Contributor address; City; State; Zip Code Seabrook, TX 77586-3723	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) HCA Houston Healthcare Clear Lake
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Cristina M. <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-7489	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) East Texas Premier Pediatrics
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Blanca Lucia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-7600	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Conviva Care Center -Bayside
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, William C. <hr/> Contributor address; City; State; Zip Code Sonora, TX 76950-7132	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lillian M Hudspeth Memorial Hospital
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampel, Ori Z. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4910	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Adult & Pediatric Urology of Houston, LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/58 Rpt: 27/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Craig E.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tyler, TX 75703-1127	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Cosmetic & Plastic Surgery Center
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynie, Aisha C.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77096-1709	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Hermann Sugar Land Hospital
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayward, Tamara L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76110-2524	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fort Worth Pediatrics, PA
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellemn, Michael E.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Plano, TX 75075-7363	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Amazing Health Partners
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Fransisco	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78737-8902	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Inpatient Medicine Physicians

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/58 Rpt: 28/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Miguel Angel	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Dallas, TX 75230-5245		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Orthopaedic Surgical Associates
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Steven S.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code West Lake Hills, TX 78746-4309		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Anesthesiology Group
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirsch, Victor John	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Abilene, TX 79605-4710		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dr. Victor J Hirsch Jr, MD, PLLC
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hnatek, Joe D.	Amount of Contribution (\$) \$49.00
Contributor address; City; State; Zip Code Brenham, TX 77833-5124		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Clinic-Brenham
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoermann, Matthew James	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fredericksburg, TX 78624-6087		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cornerstone Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/58 Rpt: 29/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W.	7 Amount of Contribution (\$) \$208.34
	6 Contributor address; City; State; Zip Code Waco, TX 76712-7565	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Ken C.	Amount of Contribution (\$) \$16.67
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-1907	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Hopper Group-Hopper Health Strategies
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Lynn C.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75209-1703	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, James Loyd	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Helotes, TX 78023-4492	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunte, Michael Steven	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Parker, TX 75002-5537	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/58 Rpt: 30/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurst, George William <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209-2816	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingle, Donald C. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016-3616	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Family HealthCare Associates
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivey, R. Todd <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-5105	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine - Obstetrics & Gynecolo
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobso Varon, M.D., P.A Plasric & Reconstructive SurgeryHand Surgery <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4045	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobson, Leah Hanselka <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-3302	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Personal Pediatrics by Leah Jacobson, MD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/58 Rpt: 31/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, John	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Wichita Falls, TX 76309-1325	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of Wichita Falls, P.A.
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Michael Dewayne	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Amarillo, TX 79121-1765	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TTU-Health Sciences CTR
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Mitzi T.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77027-9402	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Robert D.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code La Porte, TX 77571-1201	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MyCare Medical - LaPorte
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Robin L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75214-3456	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/58 Rpt: 32/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juergens, Collin M.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Arlington, TX 76005-1201		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Las Colinas ENT & Allergy
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kakar, Rajdeep Singh	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code McKinney, TX 75072-7256		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Dallas Center for Sleep Disorders, PA
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Justin	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75214-2729		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Orthopedic Institute of North Texas
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeven, Nicholas	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75201-1636		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemper, James V.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78746-4603		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Ear, Nose & Throat Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/58 Rpt: 33/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Lunde, PA	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Plano, TX 75093-5340	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khalafi, Seyed Mohammad Mehdi	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76126-1941	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khu, Richard Corvera	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Amarillo, TX 79121-1947	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) High Plains Radiological Association, LLP
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David Tyler	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code Laredo, TX 78045-7174	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohler-Webb, Victoria	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78231-2202	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/58 Rpt: 34/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kooner, Karanjit Singh <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-7635	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UT Southwestern Medical Center
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovar, Hannah Dakin <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-3596	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cinco Ranch Dermatology
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krenek, Gregory <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-1285	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kronenberger, Michael B. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75246-1791	Amount of Contribution (\$) \$623.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ear Nose & Throat Specialty Care
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kureti, Megha Minesh <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119-4909	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) High Plains Radiological Association, LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/58 Rpt: 35/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuriachan, Vipin P. <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75056-5859	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lal, Rajiv <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-3547	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Renal Clinic of Houston
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lam, Samuel Mokuu <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-8447	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Samuel M Lam, MD PA
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laredo Pediatrics and Neonatology P.A. <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043-4606	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laxminarayan, Amarnath <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-2314	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/58 Rpt: 36/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Andy Matthew	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Dallas, TX 75225-5430		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Total Eye Care
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leedy, Liesel Elizabeth	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Lufkin, TX 75904-4253		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leventon, George S.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Bellaire, TX 77401-5514		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) George S. Leventon, MD
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Adam Isaac	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78412-4938		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Julie	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75205-3312		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/58 Rpt: 37/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lubrano, Philip J.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Crowley, TX 76036-2072		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) NorthStar Anesthesia - Irving
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Glynda Williams	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Kempner, TX 76539-5031		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Darnall Army Hospital
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luong, Trung T.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Manvel, TX 77578-2039		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Integrative Nephrology of Houston
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luu, Nguyen T.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Humble, TX 77396-3770		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Greater Houston Emergency Physicians
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Cheri L.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Blue Ridge, TX 75424-4430		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) HCA Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/58 Rpt: 38/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maqbool, Mohsin <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75024-7739	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Child Neurology, PLLC
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maradani, Sarita <hr/> Contributor address; City; State; Zip Code Austin, TX 78745-1193	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Women's Clinic
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo, Javier D. <hr/> Contributor address; City; State; Zip Code Rio Grande City, TX 78582-3211	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Starr County Memorial Hospital
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martindale, Timothy Dean <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712-3828	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Martindale Family Medicine Clinic
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Miliam MD PA <hr/> Contributor address; City; State; Zip Code Beeville, TX 78104	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/58 Rpt: 39/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masel, Brent Ellis	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Galveston, TX 77551-1571		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTMB John Sealy School of Medicine
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matlock, Kelly Diane	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Graham, TX 76450-1431		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Palo Pinto General Hospital
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matorin, Philip A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77005-3354		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pasha Snoring & Sinus Center
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Brett H.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76310-8439		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Surgical Group
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDill, Tandace Lorae	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Galveston, TX 77550-1831		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/58 Rpt: 40/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGehee Medical, PA	7 Amount of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code Midland, TX 79704		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeese, Catherine C.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78735-1626		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) ReitPath Pathology
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcgreal Urology Associates	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Denison, TX 75020		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melek, John	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75230-2579		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metts, Brent A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Rockwall, TX 75032-7220		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) NTENT Network

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/58 Rpt: 41/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Daniel Neil	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9361	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) WellMed At Corsicana
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Christopher B.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75206-5202	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Neurosurgery LLP
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Lysbeth W.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78703-4815	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Austin Dell Internal Medicine Residency
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milov, Simon	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Harlingen, TX 78552-6280	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Doctors Hospital At Renaissance - McAllen
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minto, Lester J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Lampasas, TX 76550-1850	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/58 Rpt: 42/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moffat, David Douglas	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308-4026	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of Wichita Falls, P.A.
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammed, Akif Azmi	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3915	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molossi, Silvana	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77005-1129	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor - Pediatric Cardiology
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monday, Kimberly E.	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Houston, TX 77005-3318	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Neurology
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Carol	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Brownsville, TX 78520-7760	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/58 Rpt: 43/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Laura F. <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-5558	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mott, Lorren C. <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008-4847	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Gerard Joseph <hr/> Contributor address; City; State; Zip Code Avon, CT 06001-3924	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Edinburg Medical Center Inc
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murrell, Brian Scott <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-3716	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Brian S Murrell, MD P.A.
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Rachel Renee <hr/> Contributor address; City; State; Zip Code Round Mountain, TX 78663-0131	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/58 Rpt: 44/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Stephen D.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hudson Oaks, TX 76087-3623	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Tho Q.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Southlake, TX 76092-4718	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Northeast Tarrant Dermatology
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Mark L.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bellaire, TX 77401-3408	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Ear, Nose, Throat & Allergy Clinic
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niles, Chad R.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bullard, TX 75757-9360	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy L.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Magnolia, TX 77355-1836	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Noble Anesthesia Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/58 Rpt: 45/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Preston Family Practice Clinic, PA <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75244-4350	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Nova Medical Centers
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novosad, Bryan J. <hr/> Contributor address; City; State; Zip Code Humble, TX 77345-1928	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Nova Medical Centers
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogbue, Laretta Ufuoma <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-5733	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okai, Annette F. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-3451	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Institute of Neurology & Headache
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacuraru, Anca Danielle <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-1754	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Abilene Premier Eye Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/58 Rpt: 46/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park Cities Dermatology, PA	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Dallas, TX 75225-5982		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, James Robert	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Henrietta, TX 76365-6310		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearch, Elizabeth A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75248-4029		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Health Flower Mound
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearse, Lee Ann	Amount of Contribution (\$) \$208.34
Contributor address; City; State; Zip Code Dallas, TX 75244-7703		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatric Cardiologists of N TX
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pepper, Jonathan Edmond	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Round Rock, TX 78664-3213		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pflugerville OBGYN

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/58 Rpt: 47/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Ryan Khanhhoang	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Grand Prairie, TX 75052-8541	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinky S. Tiwari, MD PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77030	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, David P.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Humble, TX 77347-0876	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David P. Poindexter, MD
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quadri, Arshia Jabeen	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Allen, TX 75013-5662	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Wilson N Jones Memorial Hospital
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quan, Lawrence	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Trinity, TX 75862-2672	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lawrence Quan, MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/58 Rpt: 48/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramin R. Samadi, M.D. P. A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4141	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Engilberto Javier	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Victoria, TX 77904-1168	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Crossroads Hospitalist Associates, PLLC
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Vivek U.	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Odessa, TX 79765-8947	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashid, Saima	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Colleyville, TX 76034-1177	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratnoff, William D.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77007-5157	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/58 Rpt: 49/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawala, Muhammad S. <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77493-3345	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Renal Clinic of Houston
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raza, Maryam <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287-7411	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Methodist Health System
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Robert David <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304-4059	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reisler, Keith James <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-7931	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard G. Buch, MD PA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/58 Rpt: 50/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Steven Jay <hr/> 6 Contributor address; City; State; Zip Code Brownfield, TX 79316-4641	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Mira Vista Surgical Dermatology
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenhouse, Margaret <hr/> Contributor address; City; State; Zip Code Humble, TX 77339-2518	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritter, Robert Houston <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119-4970	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Amarillo Urology Associates
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rizvi, Erica Warren <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208-3028	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) STATE HOSPITAL - Terrell State Hospital
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Eldon Stevens <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79493-6685	Amount of Contribution (\$) \$27.28
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/58 Rpt: 51/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodrigo Argenal, MD PA	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Edinburg, TX 78539		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Limael E.	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77024-4747		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Vascular and Imaging
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Audrey L.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109-3310		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cook Children's Physicians Network
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronaldo D. Factoriza, MD PA	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Brownsville, TX 78521-2482		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronnelle Burley, M.D., P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Lubbock, TX 79410-1320		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/58 Rpt: 52/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosado, Elenita L.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Houston, TX 77008-2884	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Nesting Senior Care, PLLC
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safi, Hazim J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77005-2223	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Heart - Binz
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salimah Cumber MD PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77055	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saunders, Daniel	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-4579	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seegers, Terry Ray	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308-4736	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of Wichita Falls, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/58 Rpt: 53/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selvaggi, Richard R. <hr/> 6 Contributor address; City; State; Zip Code Commerce, TX 75428-6404	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sepdham, Dan <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-7646	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Mehvish <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Mark M. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110-1022	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Zachary <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251-1413	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Star Sleep & Wellness

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/58 Rpt: 54/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shimer, Andrew Thomas <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-4863	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Craig Ranch Ob/Gyn
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shringer, Akkamahadevi P. <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606-5125	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sigalos-Rivera, Mara A. <hr/> Contributor address; City; State; Zip Code Austin, TX 78750-2527	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skulpoonkitti, Bryan J. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-1657	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) PAINnovations
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slater, Neill Robert <hr/> Contributor address; City; State; Zip Code Midland, TX 79707-3187	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/58 Rpt: 55/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slatton, Monte Lynn <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106-2512	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Cardiology Center of Amarillo, LLP
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smart, Susan Michaelle <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-6683	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lake Ray Hubbard Pediatrics, PA
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sohner, Marie T. <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-8502	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tomball Women's Health Care Center
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Roberto Enrique <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423-1929	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiologists of Lubbock, PA
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sotolongo, Rodolfo P. <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-2554	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southeast Texas Cardiology Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/58 Rpt: 56/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South Laredo Family Clinic, PA <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78045	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwest Retina Consultants, PA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-2985	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprueil, Ramano Alvarez <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-6623	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stenoien, Randall A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-2407	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Innovative Radiology, PA
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Faith Ashley <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4251	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Richardson Dermatology, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/58 Rpt: 57/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Karen Joyce	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Belton, TX 76513-2589		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strobel, Gennell DeAn	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code Sherman, TX 75090-5000		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) G. Dean Strobel, MD PA
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suss, Richard Alan	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75225-1603		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swearingen, Steven Wayne	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Salado, TX 76571-5484		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terk, Jason V.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Keller, TX 76248-1517		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cook Children's Physicians Network

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/58 Rpt: 58/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesfa, Ganana <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063-8413	7 Amount of Contribution (\$) \$16.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Neurology Associates of Arlington, PA
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeffrey B. <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77726	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baptist Hospitals of Southeast Texas
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Ana M. <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-5201	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) WellMed Medical Group
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trujillo, Mauricio Javier <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-3914	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220-5089	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Health Fort Worth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/58 Rpt: 59/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ukwade, Philomena E. <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546-5149	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Philomena Ukwade MD PA
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valley Radiologists & Associates <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8912	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valley Radiologists & Associates <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8912	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valley Radiologists & Associates <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8912	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valloppillil, Suresh J. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2626	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Arcadia Anesthesia Partners LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/58 Rpt: 60/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Bethany	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3223	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varughese, Cyril Abie	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Arlington, TX 76005-1291	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vatsala Bhaskaran MD, PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velasco, Cesar Baquiran	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Victoria, TX 77904-1643	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Victoria Medical & Rehabilitation Associates, PA
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velasco, Maria Christina Robles	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Victoria, TX 77904-1643	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Victoria Medical & Rehabilitation Associates, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/58 Rpt: 61/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria Gordon MD PA <hr/> 6 Contributor address; City; State; Zip Code Orange, TX 77630-4788	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Northwest Psychiatry
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walia, Arvinder Pal Singh <hr/> Contributor address; City; State; Zip Code Austin, TX 78730-3422	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Northwest Psychiatry
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Thomas Allen <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-7792	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiovascular Consultants of North Texas
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waw, Kristen D. <hr/> Contributor address; City; State; Zip Code Royse City, TX 75189-8456	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lake Ray Hubbard Pediatrics, PA
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Thomas Alonzo <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072-8764	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Acute Surgical Care Specialists

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/58 Rpt: 62/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney, Stephen E. 6 Contributor address; City; State; Zip Code Missouri City, TX 77459-3941	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiegand, Jeanne Lynn Contributor address; City; State; Zip Code Weslaco, TX 78596-5645	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Dwayne O. Contributor address; City; State; Zip Code Richmond, TX 77469-5243	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dwayne O. Williams, MD PA
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul Brian Contributor address; City; State; Zip Code Longview, TX 75605-7706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Urology Specialists - Longview
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wimberly, Kelly Louise Contributor address; City; State; Zip Code Plano, TX 75093-6360	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/58 Rpt: 63/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolfolk, Daneeqe Jannel	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Dallas, TX 75230-3519		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wroten, Susan	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109-2642		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagnik, Hitesh B.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Frisco, TX 75034-2244		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hitesh B. Yagnik, MD
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yorke, Rebecca F.	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Houston, TX 77019-6712		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Hospital - Pathology & Genomic M
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Lindsay E.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78731-5024		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) ENT Specialists of Austin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/58 Rpt: 64/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamir, Asim <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78526-1763	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Brownsville Children's Clinic PA
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zashin, Angela <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-2821	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ziebell, Christopher M. <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-7423	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Acute Care Solutions

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 65/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/08/2025	5 Corporation / Labor Organization name FMC Services, LLC	6 Amount (\$) 99.00
Date 12/24/2025	Corporation / Labor Organization name First Physicians, PLLC	Amount (\$) 99.00
Date 12/01/2025	Corporation / Labor Organization name General	Amount (\$) 99.00
Date 12/01/2025	Corporation / Labor Organization name General	Amount (\$) 99.00
Date 12/16/2025	Corporation / Labor Organization name North Cypress Medical Partners Inc	Amount (\$) 99.00
Date 12/09/2025	Corporation / Labor Organization name Pedro J Penalo MD, PLLC	Amount (\$) 300.00
Date 12/23/2025	Corporation / Labor Organization name Rocas, INC	Amount (\$) 99.00
Date 12/08/2025	Corporation / Labor Organization name Timothy Martin, MD PLLC	Amount (\$) 99.00

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION**

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 66/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/22/2025	5 Corporation / Labor Organization name Texas Medical Association	6 Amount (\$) 20,237.88

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 67/72	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/18/2025	5 Payee name Bat City Awards and Apparel	
6 Amount (\$) \$2,353.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1707 Nueces Street Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TEXPAC advertising merchandise
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2025	Payee name Dr. Lalani for Texas	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 6514 Houston, TX 77265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Suleman Lalani, STATE HOUSE 76th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Greg Abbott Campaign	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 308 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Greg Abbott, GOVERNOR TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 68/72	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 12/10/2025	5 Payee name Jared Patterson Campaign for State Representative District 106
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6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 5419 Frisco, TX 75035
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jared Patterson, STATE HOUSE 106th TX
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/01/2025	Payee name Kim, Sundra S.
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Amount (\$) \$99.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5712 Los Patios Dr Midland, TX 79707-9729
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunds of Contributions from Individuals
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/26/2025	Payee name Lubrano, Genna M.
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Amount (\$) \$99.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 17619 Mellow Ridge Dr Spring, TX 77379-4140
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunds of Contributions from Individuals
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 3/5 Rpt: 69/72	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/09/2025	5 Payee name Philip Cortez Campaign	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7919 Liberty Island San Antonio, TX 78227	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Philip Cortez, STATE HOUSE 117th TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Ryan Guillen Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 430172 Laredo, TX 78043-0172	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ryan Guillen, STATE HOUSE 31st TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2025	Payee name Texas Medical Assoc	
Amount (\$) \$190.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 W. 15th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charles Schwertner MD - STATE SENATE/005
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 70/72	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 12/18/2025	5 Payee name Texas Medical Assoc
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6 Amount (\$) \$190.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 401 W. 15th Street Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Joan Huffman - ATTORNEY GENERAL/
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/18/2025	Payee name Texas Medical Assoc
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Amount (\$) \$380.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 W. 15th Street Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donna Campbell - STATE SENATE/25
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/19/2025	Payee name Texas Medical Assoc
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Amount (\$) \$1,944.32 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 W. 15th Street Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ray Callas - STATE HOUSE/021 InKind For Fundraising Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 5/5 Rpt: 71/72	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 12/18/2025	5 Payee name The Eppstein Group
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6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 2830 S Hulen St. #361 Fort Worth, TX 76109
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Polling Expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/09/2025	Payee name Todd Hunter Campaign
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 445 Cape Henry Corpus Christi, TX 78412
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Todd Hunter, STATE HOUSE 32nd TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 72/72
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/01/2025	5 Name of person from whom amount is received AIM Investments	8 Amount (\$) \$9.36
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77001	
	7 Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer