

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00017063	2 Total pages filed: 19
3 COMMITTEE NAME Texas Society of Health-System Pharmacists PAC		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address 402 W Palm Valley Blvd STE A PMB 175 Round Rock, TX 78664			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.		
	NICKNAME Cody	LAST	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 402 W Palm Valley Blvd STE A PMB 175 Round Rock, TX 78664		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 3000 Joe DiMaggio Blvd. Ste. 30-A Round Rock, TX 78665		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 641-0372	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month 07/01/2025	Day	Year THROUGH 12/31/2025
11 ELECTION	Month Day Year	ELECTION DATE	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special

GO TO PAGE 2

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Texas Society of Health-System Pharmacists PAC		13 FILER ID (Ethics Commission Filers) 00017063
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 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 checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,774.76
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 439.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT		
<p>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.</p> <p style="text-align: right;">Mrs. Leah Cody</p> <hr/> <p style="text-align: right;">Signature of Campaign Treasurer</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 19

17 COMMITTEE NAME Texas Society of Health-System Pharmacists PAC	18 FILER ID (Ethics Commission Filers) 00017063
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 1,774.76	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
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 \$ 439.75	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/14 Rpt: 4/19
2 FILER NAME Texas Society of Health-System Pharmacists PAC		3 Filer ID (Ethics Commission Filers) 00017063
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addison, Janci	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Linda	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Arlington, TX 76016	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexis, Gwendolyn	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Little Elm, TX 75068	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aloysius, Kevin	Amount of Contribution (\$) \$22.99
	Contributor address; City; State; Zip Code Houston, TX 77007	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amuneke-nze, Chib	Amount of Contribution (\$) \$9.02
	Contributor address; City; State; Zip Code Mansfield, TX 76063	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/14 Rpt: 5/19
2 FILER NAME Texas Society of Health-System Pharmacists PAC		3 Filer ID (Ethics Commission Filers) 00017063
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arcandra, Asyifa	7 Amount of Contribution (\$) \$9.02
	6 Contributor address; City; State; Zip Code Houston, TX 77036	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Artistic Visions Photography	Amount of Contribution (\$) \$37.74
	Contributor address; City; State; Zip Code Houston, TX 77004	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Jeanice	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75204-3261	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Amanda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd-Hurks, Precious	Amount of Contribution (\$) \$9.93
	Contributor address; City; State; Zip Code Humble, TX 77346	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/14 Rpt: 6/19
2 FILER NAME Texas Society of Health-System Pharmacists PAC		3 Filer ID (Ethics Commission Filers) 00017063
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caro, Ethan 6 Contributor address; City; State; Zip Code El Paso, TX 79936	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffino, Diana Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pharmacy Industry		Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffino, Jesse Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacy Industry		Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, Cesar Contributor address; City; State; Zip Code El Paso, TX 79936	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Sapana Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$24.81
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/14 Rpt: 7/19
2 FILER NAME Texas Society of Health-System Pharmacists PAC		3 Filer ID (Ethics Commission Filers) 00017063
4 Date 11/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deyhim, Niaz 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dugie, Bonnie Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$99.27
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Kaitlyn Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gipson, Tiara Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Habeger, Harold Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/14 Rpt: 8/19
2 FILER NAME Texas Society of Health-System Pharmacists PAC		3 Filer ID (Ethics Commission Filers) 00017063
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Suzanne 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Office Worker		9 Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder-Mitchell, Cameron Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houtchens, Dana Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$18.72
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houavouras, Christine Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$18.72
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubert, Shaylarene Contributor address; City; State; Zip Code Houston, TX 77033	Amount of Contribution (\$) \$23.47
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 6/14 Rpt: 9/19
2 FILER NAME Texas Society of Health-System Pharmacists PAC			3 Filer ID (Ethics Commission Filers) 00017063
4 Date 12/08/2025	5 Full name of contributor Hubert, Shaylarene	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$23.47
	6 Contributor address; City; State; Zip Code Houston, TX 77033		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)	
Date 11/08/2025	Full name of contributor Hughes, Ryan	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution (\$) \$9.21
	Contributor address; City; State; Zip Code Houston, TX 77049		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	
Date 12/13/2025	Full name of contributor Ibanez, Lily	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	
Date 10/27/2025	Full name of contributor Jacob, Jeena	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Irving, TX 75038		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	
Date 11/03/2025	Full name of contributor James, Robyn	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution (\$) \$18.33
	Contributor address; City; State; Zip Code Flower Mound, TX 75028		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 7/14 Rpt: 10/19
2 FILER NAME Texas Society of Health-System Pharmacists PAC			3 Filer ID (Ethics Commission Filers) 00017063
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, Albert	7 Amount of Contribution (\$) \$23.47	
	6 Contributor address; City; State; Zip Code Sugar land, TX 77479		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)	
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lake-Wallace, Sarah	Amount of Contribution (\$) \$94.80	
	Contributor address; City; State; Zip Code Houston, TX 77035		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layman, Scott	Amount of Contribution (\$) \$18.33	
	Contributor address; City; State; Zip Code Arlington, TX 76001		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lunares, Liliana	Amount of Contribution (\$) \$55.00	
	Contributor address; City; State; Zip Code El Paso, TX 79932		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Israel	Amount of Contribution (\$) \$9.02	
	Contributor address; City; State; Zip Code Austin, TX 78751		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/14 Rpt: 11/19
2 FILER NAME Texas Society of Health-System Pharmacists PAC		3 Filer ID (Ethics Commission Filers) 00017063
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehdiu, Besime 6 Contributor address; City; State; Zip Code Pearland, TX 77581	7 Amount of Contribution (\$) \$9.21
	8 Principal occupation / Job title (See Instructions) Pharmacist	
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehdiu, Besime Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$9.21
	Principal occupation / Job title (See Instructions) Pharmacist	
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Am Contributor address; City; State; Zip Code Grand Prairie, TX 75054	Amount of Contribution (\$) \$36.96
	Principal occupation / Job title (See Instructions) Pharmacist	
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Anh-Dai Contributor address; City; State; Zip Code Harris County, TX 77429	Amount of Contribution (\$) \$24.76
	Principal occupation / Job title (See Instructions) Pharmacist	
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Anh-Dai Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$24.76
	Principal occupation / Job title (See Instructions) Pharmacist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/14 Rpt: 12/19
2 FILER NAME Texas Society of Health-System Pharmacists PAC		3 Filer ID (Ethics Commission Filers) 00017063
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalapati, Nikita	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78705	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olowu, Ozioma	Amount of Contribution (\$) \$94.80
	Contributor address; City; State; Zip Code Fort Worth, TX 76104	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olowu, Ozioma	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onyirimba, Chinyere	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Dallas, TX 75208	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oommen, Asha	Amount of Contribution (\$) \$9.02
	Contributor address; City; State; Zip Code Dallas, TX 75235	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 10/14 Rpt: 13/19
2 FILER NAME Texas Society of Health-System Pharmacists PAC			3 Filer ID (Ethics Commission Filers) 00017063
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padolina, Krisgel 6 Contributor address; City; State; Zip Code Dallas, TX 75243	7 Amount of Contribution (\$) \$40.00	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)	
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickett, Reisor Contributor address; City; State; Zip Code Nacogdoches, TX 75961	Amount of Contribution (\$) \$24.81	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plauche, Ardash Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$100.00	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinones, Elizabeth Contributor address; City; State; Zip Code Houston, TX 77354	Amount of Contribution (\$) \$24.81	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reich, Aaron Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$100.00	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/14 Rpt: 14/19
2 FILER NAME Texas Society of Health-System Pharmacists PAC		3 Filer ID (Ethics Commission Filers) 00017063
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Sarah	7 Amount of Contribution (\$) \$9.02
	6 Contributor address; City; State; Zip Code El Paso, TX 79938	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sloan, Ashley	Amount of Contribution (\$) \$15.01
	Contributor address; City; State; Zip Code Dallas, TX 75233	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurlock, Serena	Amount of Contribution (\$) \$9.93
	Contributor address; City; State; Zip Code Mansfield, TX 76063	
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurlock, Serena	Amount of Contribution (\$) \$28.99
	Contributor address; City; State; Zip Code Mansfield, TX 76063-6465	
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurlock, Serena	Amount of Contribution (\$) \$9.93
	Contributor address; City; State; Zip Code Mansfield, TX 76063	
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 12/14 Rpt: 15/19
2 FILER NAME Texas Society of Health-System Pharmacists PAC			3 Filer ID (Ethics Commission Filers) 00017063
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Sonya	7 Amount of Contribution (\$) \$30.00	
	6 Contributor address; City; State; Zip Code Weatherford, TX 76086		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)	
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summerlin, Jenna	Amount of Contribution (\$) \$30.00	
	Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanner, Carla	Amount of Contribution (\$) \$30.00	
	Contributor address; City; State; Zip Code Aubrey, TX 76227		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarin, Sarah	Amount of Contribution (\$) \$30.00	
	Contributor address; City; State; Zip Code El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)	
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetteh, Sam	Amount of Contribution (\$) \$30.00	
	Contributor address; City; State; Zip Code Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/14 Rpt: 16/19
2 FILER NAME Texas Society of Health-System Pharmacists PAC		3 Filer ID (Ethics Commission Filers) 00017063
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Luz	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79936	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trojan, Alexis	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75208	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ung, Katherine	Amount of Contribution (\$) \$9.90
	Contributor address; City; State; Zip Code Houston, TX 77070	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ung, Kathrine	Amount of Contribution (\$) \$9.90
	Contributor address; City; State; Zip Code Houston, TX 77070	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELLS, LISA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code El Paso, TX 79922	
Principal occupation / Job title (See Instructions) Pharmacy Industry		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: Sch: 14/14 Rpt: 17/19</p>
<p>2 FILER NAME Texas Society of Health-System Pharmacists PAC</p>			<p>3 Filer ID (Ethics Commission Filers) 00017063</p>
<p>4 Date 11/08/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Anns</p>	<p>6 Contributor address; City; State; Zip Code Houston, TX 77082</p>	<p>7 Amount of Contribution (\$) \$9.21</p>
<p>8 Principal occupation / Job title (See Instructions) Pharmacist</p>		<p>9 Employer (See Instructions)</p>	
<p>Date 11/07/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wulfe, Steven</p>	<p>Contributor address; City; State; Zip Code Austin, TX 78736</p>	<p>Amount of Contribution (\$) \$10.00</p>
<p>Principal occupation / Job title (See Instructions) Pharmacist</p>		<p>Employer (See Instructions)</p>	
<p>Date 11/07/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaft, Sherry</p>	<p>Contributor address; City; State; Zip Code Irving, TX 75063</p>	<p>Amount of Contribution (\$) \$10.00</p>
<p>Principal occupation / Job title (See Instructions) Pharmacist</p>		<p>Employer (See Instructions)</p>	
<p>Date 11/08/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zafar, Niha</p>	<p>Contributor address; City; State; Zip Code Houston, TX 77019</p>	<p>Amount of Contribution (\$) \$9.21</p>
<p>Principal occupation / Job title (See Instructions) Pharmacist</p>		<p>Employer (See Instructions)</p>	

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: 1/2 Rpt: 18/19	2 FILER NAME Texas Society of Health-System Pharmacists PAC	3 Filer ID (Ethics Commission Filers) 00017063
4 Date 07/18/2025	5 Payee name INTUIT-QBooks Online	
6 Amount (\$) \$79.95	7 Payee address; City; State; Zip Code 2700 Coast Ave Mountain View Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name INTUIT-QBooks Online	
Amount (\$) \$79.95	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name INTUIT-QBooks Online	
Amount (\$) \$79.95	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software
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	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: 2/2 Rpt: 19/19	2 FILER NAME Texas Society of Health-System Pharmacists PAC	3 Filer ID (Ethics Commission Filers) 00017063
4 Date 10/17/2025	5 Payee name INTUIT-QBooks Online	
6 Amount (\$) \$79.95	7 Payee address; City; State; Zip Code 2700 Coast Ave Mountain View Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name INTUIT-QBooks Online	
Amount (\$) \$79.95	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name Melissa Data Corporation	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 22382 Avenida Empresa Rancho Santa Margarita, CA 92688	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held