

# 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			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 01/14/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 402 W Palm Valley Blvd STE A PMB 175  Round Rock, TX 78664			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Leah  NICKNAME LAST SUFFIX Cody			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 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; APT / SUITE #; CITY; STATE; ZIP CODE 3000 Joe DiMaggio Blvd. Ste. 30-A Round Rock, TX 78665			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 641-0372			
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 Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Society of Health-System Pharmacists PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00017063
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,774.76
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 439.75
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

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

Mrs. Leah Cody

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

<b>17 COMMITTEE NAME</b> Texas Society of Health-System Pharmacists PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00017063
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
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

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

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

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/14 Rpt: 11/19
<b>2</b> FILER NAME Texas Society of Health-System Pharmacists PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00017063
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehdiu, Besime <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77581	<b>7</b> Amount of Contribution (\$)  \$9.21
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehdiu, Besime <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$9.21
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#: _____) Nguyen, Am <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75054	Amount of Contribution (\$)  \$36.96
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#: _____) Nguyen, Anh-Dai <hr/> Contributor address; City; State; Zip Code  Harris County, TX 77429	Amount of Contribution (\$)  \$24.76
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#: _____) Nguyen, Anh-Dai <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$24.76
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 18/19	<b>2</b> FILER NAME Texas Society of Health-System Pharmacists PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00017063
<b>4</b> Date 07/18/2025	<b>5</b> Payee name INTUIT-QBooks Online	
<b>6</b> Amount (\$) \$79.95  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2700 Coast Ave Mountain View  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name INTUIT-QBooks Online		
Amount (\$) \$79.95  <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name INTUIT-QBooks Online		
Amount (\$) \$79.95  <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 19/19	<b>2</b> FILER NAME Texas Society of Health-System Pharmacists PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00017063
<b>4</b> Date 10/17/2025	<b>5</b> Payee name INTUIT-QBooks Online	
<b>6</b> Amount (\$) \$79.95  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2700 Coast Ave Mountain View  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name INTUIT-QBooks Online		
Amount (\$) \$79.95  <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Melissa Data Corporation		
Amount (\$) \$40.00  <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> if direct expenditure to benefit C/OH		