

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) 00051030	2 Total pages filed: 34	
3 COMMITTEE NAME Texas Academy of Physician Assistants - PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 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 1426 Gracy Drive Austin, TX 78758			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Lindsey NICKNAME LAST SUFFIX Jost			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3305 Steck Ave. Ste. 200 Austin, TX 78757			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3305 Steck Ave. Ste. 200 Austin, TX 78757			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 518-0120			
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	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Academy of Physician Assistants - PAC	13 Filer ID (Ethics Commission Filers) 00051030
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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
		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	\$ 3,396.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,668.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,445.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,909.49
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.

Mrs. Lindsey Jost

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 34

17 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		18 Filer ID (Ethics Commission Filers) 00051030
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,668.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input 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	\$ 13,445.80
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: 1/29 Rpt: 4/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Absolute Concierge Health Care <hr/> 6 Contributor address; City; State; Zip Code Waskom, TX 75692	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akavan P.A., Raquelle <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akavan P.A., Raquelle <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akavan P.A., Raquelle <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akavan P.A., Raquelle <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/29 Rpt: 5/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 10/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akavan P.A., Raquelle <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akavan P.A., Raquelle <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akavan P.A., Raquelle <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Linsey (Ms.) <hr/> Contributor address; City; State; Zip Code xxx, TX 12345	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allman, Monique (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/29 Rpt: 6/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allman, Monique (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77044	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allman, Monique (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allman, Monique (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allman, Monique (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Been, Candace F (Ms.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 76008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/29 Rpt: 7/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bereuler, Hannah (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75061	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bereuler, Hannah (Ms.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonham PA-C, Karen <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonniwell, Abigail (Ms.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bostick P.A., Bailiegh <hr/> Contributor address; City; State; Zip Code Houston, TX 77047	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/29 Rpt: 8/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boutte P.A., Matthew <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer P.A., Justin <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carswell PA-C, Joshua Lee <hr/> Contributor address; City; State; Zip Code Stephenville, TX 76401	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis-Lopez P.A., Heather <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions) CareNow Urgent Care
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSonier P.A., Keith <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/29 Rpt: 9/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSonier P.A., Keith 6 Contributor address; City; State; Zip Code Fort Worth, TX 76133	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia P.A., Katie Contributor address; City; State; Zip Code Friendswood, TX 77456	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia P.A., Katie Contributor address; City; State; Zip Code Friendswood, TX 77456	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs P.A., Lauren Contributor address; City; State; Zip Code Aledo, TX 76107	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs P.A., Lauren Contributor address; City; State; Zip Code Aledo, TX 76107	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/29 Rpt: 10/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs P.A., Lauren <hr/> 6 Contributor address; City; State; Zip Code Aledo, TX 76107	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs P.A., Lauren <hr/> Contributor address; City; State; Zip Code Aledo, TX 76107	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs P.A., Lauren <hr/> Contributor address; City; State; Zip Code Aledo, TX 76107	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs P.A., Lauren <hr/> Contributor address; City; State; Zip Code Aledo, TX 76107	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs P.A., Lauren <hr/> Contributor address; City; State; Zip Code Aledo, TX 76107	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/29 Rpt: 11/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donley, Dylan (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eames P.A., Jennifer <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eames P.A., Jennifer <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eames P.A., Jennifer <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards PA-C, Jessica <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/29 Rpt: 12/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English P.A., Ryan <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English P.A., Ryan <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Alicia (Ms.) <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Alicia (Ms.) <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Alicia (Ms.) <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/29 Rpt: 13/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Alicia (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Van Alstyne, TX 75495	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Julianne <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gannaway, Megan (Ms.) <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78541	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson P.A., Christie <hr/> Contributor address; City; State; Zip Code Sanger, TX 76266	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, Holly (Ms.) <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75168	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/29 Rpt: 14/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorena, Sheila (Ms.) <hr/> 6 Contributor address; City; State; Zip Code xxx, TX 12345	7 Amount of Contribution (\$) \$65.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green P.A., Janelle <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77383	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grubb P.A., Bethany <hr/> Contributor address; City; State; Zip Code Dallas, TX 75237	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grubb P.A., Charles <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunderman P.A., Quinn <hr/> Contributor address; City; State; Zip Code El Paso, TX 79932	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/29 Rpt: 15/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Lexi (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Gatesville, TX 76528	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Candy (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77054	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojos P.A., Sissy <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiser PA-C, Joshua <hr/> Contributor address; City; State; Zip Code Houston, TX 77082	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiser PA-C, Joshua <hr/> Contributor address; City; State; Zip Code Houston, TX 77082	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/29 Rpt: 16/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holeman, McCartney (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78541	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes P.A., Victor <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Asst Professor, Clinician		Employer (See Instructions) UNTHSC
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes P.A., Victor <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Asst Professor, Clinician		Employer (See Instructions) UNTHSC
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaur P.A., Jasleen <hr/> Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kincaid, Michaila (Ms.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/29 Rpt: 17/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King P.A., Timothy <hr/> 6 Contributor address; City; State; Zip Code Sherman, TX 75092	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuruvilla-Allison, Lindsay (Ms.) <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lampe PA-C, Janice Hallford <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lape PA-C, Carey <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lape PA-C, Carey <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/29 Rpt: 18/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jason (Mr.) 6 Contributor address; City; State; Zip Code Mansfield, TX 76063	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez P.A., Benito Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez P.A., Heather Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez P.A., Heather Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsack, Kristina (Ms.) Contributor address; City; State; Zip Code xxx, TX 12345	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez P.A., Eric 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez P.A., Eric Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine <hr/> 6 Contributor address; City; State; Zip Code Tomball, TX 77377	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElhaney PA-C, Jasmine Elysia <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElhaney PA-C, Jasmine Elysia <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElhaney PA-C, Jasmine Elysia <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75075	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh PA-C, Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes PA-C, Eva <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions) Central Family Practice
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasser PA-C, Adel <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Vu (Mr.) <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Vu (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Rowlett, TX 75089	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen P.A., Thuy <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogle P.A., Jennifer <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver P.A., Kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77003	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Opong, Marie-Japhette (Ms.) <hr/> Contributor address; City; State; Zip Code Channelview, TX 77530	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/29 Rpt: 23/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia 6 Contributor address; City; State; Zip Code Dallas, TX 75228	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/29 Rpt: 24/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75228	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsons P.A., Rose <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Katia (Ms.) <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78541	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Katia (Ms.) <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78541	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Matthew (Mr.) <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/29 Rpt: 25/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pong P.A., Rosabelle <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawls, Tammy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) UT Health San Antonio
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinhart, Ruth (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes P.A., Martin <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robuck, Erica (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78238	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/29 Rpt: 26/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez Santiago, Rebecca (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Nolanville, TX 76559	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/29 Rpt: 27/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76005	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silvosa, Marc (Mr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thimesch, Amy (Ms.) <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Savanna (Ms.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/29 Rpt: 28/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Athena (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Howe, TX 75459	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Isabel (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Isabel (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Isabel (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Isabel (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/29 Rpt: 29/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Isabel (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Isabel (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Isabel (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Isabel (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valenzuela, Merari (Ms.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/29 Rpt: 30/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 08/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walls, Stephanie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 75093	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walls, Stephanie (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 75093	Amount of Contribution (\$) \$140.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward P.A., Monica <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward P.A., Monica <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins PA-C, Samuel <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/29 Rpt: 31/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins PA-C, Samuel <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712	7 Amount of Contribution (\$) \$110.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weberg P.A., Charity <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weerasinghe P.A., Isuri <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whetstone P.A., Cassandra <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whetstone P.A., Cassandra <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$170.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/29 Rpt: 32/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams P.A., Natalie <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75709	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams PA-C, Andre'lyn Toyniece <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams PA-C, Andre'lyn Toyniece <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wombacher, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wootton P.A., Dallin <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Physician Assistant		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.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 33/34	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
4 Date 12/31/2025	5 Payee name BluePay	
6 Amount (\$) \$493.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 184 Shuman Blvd Naperville, IL 60563	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name FiscalNote		
Amount (\$) \$6,236.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1201 Pennsylvania Ave., NW Washington, DC 20004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Legislative software platform
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Moody Gardens		
Amount (\$) \$3,879.21 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 Hope Blvd Galveston, TX 77554	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Casino Night expenses
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.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 34/34	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
4 Date 11/30/2025	5 Payee name Successful Events	
6 Amount (\$) \$2,837.02 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5300 N Braeswood Blvd Houston, TX 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Casino Night assistance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held