

**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 # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address 1426 Gracy Drive Austin, TX 78758			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.		
	NICKNAME	LAST Jost	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3305 Steck Ave. Ste. 200 Austin, TX 78757		APT / SUITE #; CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 3305 Steck Ave. Ste. 200 Austin, TX 78757		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 518-0120	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month 07/01/2025	Day	Year
	THROUGH		Month 12/31/2025
11 ELECTION	Month Day Year	ELECTION DATE	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special

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**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
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	
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 6 Contributor address; City; State; Zip Code Waskom, TX 75692	7 Amount of Contribution (\$) \$1,500.00
	8 Principal occupation / Job title (See Instructions) Physician Assistant	
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akavan P.A., Raquelle Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Physician Assistant	
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akavan P.A., Raquelle Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Physician Assistant	
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akavan P.A., Raquelle Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Physician Assistant	
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akavan P.A., Raquelle Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions) Physician Assistant	

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 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 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 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.) 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.) 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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77044	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77044	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77044	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77044	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Conroe, TX 76008	
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.)	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Irving, TX 75061	
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.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Irving, TX 75061	
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	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75022	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77047	
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 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 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 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 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 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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76133	
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	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Friendswood, TX 77456	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Friendswood, TX 77456	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Aledo, TX 76107	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Aledo, TX 76107	
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	7 Amount of Contribution (\$) \$75.00
	6 Contributor address; City; State; Zip Code Aledo, TX 76107	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Aledo, TX 76107	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Aledo, TX 76107	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Aledo, TX 76107	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Aledo, TX 76107	
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.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Abilene, TX 79602	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Abilene, TX 79602	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Abilene, TX 79602	
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	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
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 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 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.) 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.) 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.) 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.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Van Alstyne, TX 75495	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code McKinney, TX 75072	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Edinburg, TX 78541	
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	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Sanger, TX 76266	
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.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Waxahachie, TX 75168	
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.)	7 Amount of Contribution (\$) \$65.00
	6 Contributor address; City; State; Zip Code xxx, TX 12345	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77383	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75237	
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	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Dallas, TX 75238	
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	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code El Paso, TX 79932	
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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Gatesville, TX 76528	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77054	
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	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
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	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Houston, TX 77082	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77082	
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.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78541	
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	Amount of Contribution (\$) \$22.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77065	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Plano, TX 75025	
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 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.) 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 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/29 Rpt: 19/34
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#: _____) Martinez P.A., Eric	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77009	
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	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tomball, TX 77377	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tomball, TX 77377	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tomball, TX 77377	
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: 17/29 Rpt: 20/34
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	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Tomball, TX 77377	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tomball, TX 77377	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Tomball, TX 77377	
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	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Plano, TX 75075	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Plano, TX 75075	
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: 18/29 Rpt: 21/34
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#: McElhaney PA-C, Jasmine Elysia	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Plano, TX 75075	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77058	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
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	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Dickinson, TX 77539	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Rowlett, TX 75089	
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: 19/29 Rpt: 22/34
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#: _____) Nguyen, Vu (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Rowlett, TX 75089	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
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	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77079	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77003	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Channelview, TX 77530	
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	
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	
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	

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 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 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.) 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.) 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.) 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 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 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.) 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 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.) 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.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Nolanville, TX 76559	
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	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Arlington, TX 76005	
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	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Arlington, TX 76005	
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	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Arlington, TX 76005	
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	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Arlington, TX 76005	
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	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76005	
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	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Arlington, TX 76005	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Frisco, TX 75035	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Carrollton, TX 75010	
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.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Galveston, TX 77550	
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

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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.) 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.) 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.) 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.) 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.) 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.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Houston, TX 77006	
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.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
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.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
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.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code El Paso, TX 79930	
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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 75093	
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.)	Amount of Contribution (\$) \$140.00
	Contributor address; City; State; Zip Code Houston, TX 75093	
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	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Richardson, TX 75080	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Richardson, TX 75080	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Waco, TX 76712	
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 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 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 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 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 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	7 Amount of Contribution (\$) \$35.00
	6 Contributor address; City; State; Zip Code Tyler, TX 75709	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Katy, TX 77449	
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	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Katy, TX 77449	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Dallas, TX 75230	
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	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Allen, TX 75002	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 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	7 Payee address; City; State; Zip Code 184 Shuman Blvd Naperville, IL 60563	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/31/2025	Payee name FiscalNote	
Amount (\$) \$6,236.10	Payee address; City; State; Zip Code 1201 Pennsylvania Ave., NW Washington, DC 20004	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/30/2025	Payee name Moody Gardens	
Amount (\$) \$3,879.21	Payee address; City; State; Zip Code 1 Hope Blvd Galveston, TX 77554	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 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	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held