

**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) 00089320	2 Total pages filed: 24			
3 COMMITTEE NAME American Pharmacies Texas PAC		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/13/2026  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 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 823 Congress Avenue Suite 1150 Austin, TX 78701						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Michael	MI			
	NICKNAME .....	LAST Wright	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 823 Congress Ave. Ste. 1150 Austin, TX 78701		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 823 Congress Ave. Ste. 1150 Austin, TX 78701		APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 992-1219		PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15		<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other	

**GO TO PAGE 2**

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

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> American Pharmacies Texas PAC		<b>13 FILER ID</b> (Ethics Commission Filers) 00089320
<b>14 COMMITTEE ACTIVITY</b>  (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.)	
<b>15 CONTRIBUTION TOTALS</b>	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	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 32,100.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 16,500.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 439,052.47
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**16 AFFIDAVIT**

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

Mr. Michael Wright

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 24

<b>17</b> COMMITTEE NAME American Pharmacies Texas PAC	<b>18</b> FILER ID (Ethics Commission Filers) 00089320
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 32,100.00	
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 \$ 16,500.00	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/16 Rpt: 4/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 10/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abeldt R.Ph., Jeffrey (Mr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75707	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacists		<b>9</b> Employer (See Instructions) Brickstreet Pharmacy
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Abeldt R.Ph., Jeffrey (Mr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75707	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Brickstreet Pharmacy
<b>Date</b> 12/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Abeldt R.Ph., Jeffrey (Mr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Tyler, TX 75707	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Brickstreet Pharmacy
<b>Date</b> 10/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado R.Ph., Christopher (Mr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78253	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> HEB
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado R.Ph., Christopher (Mr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78253	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> HEB

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/16 Rpt: 5/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 12/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alvarado R.Ph., Christopher (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78253	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist	<b>9</b> Employer (See Instructions) HEB
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barrera R.Ph., Ramiro (Mr.) ..... Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$) \$312.50
	Principal occupation / Job title (See Instructions) Pharmacist	Employer (See Instructions) Richard's Pharmacy Edinburg
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barrera R.Ph., Ramiro (Mr.) ..... Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$) \$312.50
	Principal occupation / Job title (See Instructions) Pharmacist	Employer (See Instructions) Richard's Pharmacy Edinburg
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Emde R.Ph., Ed (Mr.) ..... Contributor address; City; State; Zip Code  Gainesville, TX 76240	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Pharmacist	Employer (See Instructions) Hometown Pharmacy Gainesville
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Emde R.Ph., Ed (Mr.) ..... Contributor address; City; State; Zip Code  Whitesboro, TX 76273	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Pharmacist	Employer (See Instructions) Hometown Pharmacy Whitesboro

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/16 Rpt: 6/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emde R.Ph., Ed (Mr.)	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Whitesboro, TX 76273	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Hometown Pharmacy Whitesboro
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emde R.Ph., Ed (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Gainesville, TX 76240	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy Gainesville
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks R.Ph., Chuck (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Tyler Rx Pharmacy
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks R.Ph., Chuck (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Tyler Rx Pharmacy
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett R.Ph., Steve (Mr.)	Amount of Contribution (\$) \$375.00
	Contributor address; City; State; Zip Code  Waco, TX 76706	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Circle Drug Pharmacy

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/16 Rpt: 7/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett R.Ph., Steve (Mr.)	<b>7</b> Amount of Contribution (\$) \$375.00
	<b>6</b> Contributor address; City; State; Zip Code  Waco, TX 76706	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Circle Drug Pharmacy
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman R.Ph., Kelby (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Sinton, TX 78387	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Moore's Compounding Pharmacy
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman R.Ph., Kelby (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Sinton, TX 78387	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Moore's Compounding Pharmacy
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman R.Ph., Kelby (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Sinton, TX 78387	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Moore's Compounding Pharmacy
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrel R.Ph., Nick (Mr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Kingsville, TX 78363	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Harrel's Kingsville Pharmacy

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/16 Rpt: 8/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrel R.Ph., Nick (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code  Kingsville, TX 78363	<b>7</b> Amount of Contribution (\$) \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Harrel's Kingsville Pharmacy
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman R.Ph., John (Mr.) ..... Contributor address; City; State; Zip Code  Farmersville, TX 75442	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner/Pharm Tech		Employer (See Instructions) Dyer Drug Store
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman R.Ph., John (Mr.) ..... Contributor address; City; State; Zip Code  Farmersville, TX 75442	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner/Pharm Tech		Employer (See Instructions) Dyer Drug Store
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffart R.Ph., Steve (Mr.) ..... Contributor address; City; State; Zip Code  Magnolia, TX 77354	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Magnolia Pharmacy
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffart R.Ph., Steve (Mr.) ..... Contributor address; City; State; Zip Code  Magnolia, TX 77354	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Magnolia Pharmacy

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/16 Rpt: 9/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 07/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson R.Ph., Mike (Mr.)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  San Augustine, TX 75972	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) San Augustine Drug
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson R.Ph., Mike (Mr.)	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  San Augustine, TX 75972	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> San Augustine Drug
<b>Date</b> 07/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanak R.Ph., Alton (Mr.)	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Kirbyville, TX 78253	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Brookshire Bros. Kirbyville
<b>Date</b> 07/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanak R.Ph., Alton (Mr.)	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Brenham, TX 77833	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Norman's Pharmacy
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanak R.Ph., Alton (Mr.)	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Kirbyville, TX 78253	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Brookshire Bros. Kirbyville

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/16 Rpt: 10/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanak R.Ph., Alton (Mr.)	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Brenham, TX 77833	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Norman's Pharmacy
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kegans R.Ph., H.E. (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Leonard, TX 75452	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Leonard Pharmacy
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kegans R.Ph., H.E. (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Leonard, TX 75452	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Leonard Pharmacy
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee R.Ph., David (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Webster, TX 77598	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Clear Lake Prof. Bldg. Pharmacy
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee R.Ph., David (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Webster, TX 77598	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Clear Lake Prof. Bldg. Pharmacy

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/16 Rpt: 11/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 12/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee R.Ph., David (Mr.)	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Webster, TX 77598	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Clear Lake Prof. Bldg. Pharmacy
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo R.Ph., Yvonne (Ms.)	Amount of Contribution (\$) \$312.50
	Contributor address; City; State; Zip Code  Donna, TX 78537	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Richard's Pharmacy Donna
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo R.Ph., Yvonne (Ms.)	Amount of Contribution (\$) \$312.50
	Contributor address; City; State; Zip Code  Donna, TX 78537	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Richard's Pharmacy Donna
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin R.Ph., Brad (Mr.)	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code  Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Kinsey's Pharmacy
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin R.Ph., Brad (Mr.)	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code  Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Kinsey's Pharmacy

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/16 Rpt: 12/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 07/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin R.Ph., James (Mr.)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Crockett, TX 75835	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Davy Crockett Drug
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin R.Ph., James (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Crockett, TX 75835	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Davy Crockett Drug
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muecke R.Ph., Mike (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Palacios, TX 77465	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Palacios Prescription Shoppe
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muecke R.Ph., Mike (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Palacios, TX 77465	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Palacios Prescription Shoppe
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen R.Ph., Mark (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Irving, TX 75061	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Gibson Pharmacy

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/16 Rpt: 13/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen R.Ph., Mark (Mr.)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75061	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Gibson Pharmacy
<b>Date</b> 07/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Oben R.Ph., AJ (Mr.)	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  College Station, TX 77845	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Goldstar Pharmacy
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Oben R.Ph., AJ (Mr.)	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  College Station, TX 77845	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Goldstar Pharmacy
<b>Date</b> 07/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa R.Ph., Joe (Mr.)	<b>Amount of Contribution (\$)</b> \$625.00
	<b>Contributor address; City; State; Zip Code</b>  Edinburg, TX 78539	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Ochoa's Pharmacy Central
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa R.Ph., Joe (Mr.)	<b>Amount of Contribution (\$)</b> \$625.00
	<b>Contributor address; City; State; Zip Code</b>  Edinburg, TX 78539	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Ochoa's Pharmacy Central

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/16 Rpt: 14/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 07/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oglesbee R.Ph., Vance (Mr.)	<b>7</b> Amount of Contribution (\$) \$750.00
	<b>6</b> Contributor address; City; State; Zip Code  Fairfield, TX 75840	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Hometown Pharmacy
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oglesbee R.Ph., Vance (Mr.)	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code  Fairfield, TX 75840	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker R.Ph., Doug (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Parker's City Pharmacy
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker R.Ph., Doug (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Parker's City Pharmacy
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson R.Ph., Laura (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Hale Center, TX 79041	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hale Center Clinical Pharmacy

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/16 Rpt: 15/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson R.Ph., Laura (Ms.)	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Hale Center, TX 79041	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Hale Center Clinical Pharmacy
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peippo R.Ph., Mark (Mr.)	Amount of Contribution (\$) \$625.00
	Contributor address; City; State; Zip Code  Pottsboro, TX 75076	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Family Pharmacy of Pottsboro
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peippo R.Ph., Mark (Mr.)	Amount of Contribution (\$) \$625.00
	Contributor address; City; State; Zip Code  Pottsboro, TX 75076	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Family Pharmacy of Pottsboro
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelzel R.Ph., Connor (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Collinsville, TX 76233	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Pelzel's Hometown Pharmacy PP
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelzel R.Ph., Connor (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Collinsville, TX 76233	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Pelzel's Hometown Pharmacy PP

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/16 Rpt: 16/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 12/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelzel R.Ph., Connor (Mr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Collinsville, TX 76233	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Pelzel's Hometown Pharmacy PP
<b>Date</b> 07/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelzel R.Ph., Russell (Mr.)	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Pilot Point, TX 76258	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Pelzel's Hometown Pharmacy PP
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelzel R.Ph., Russell (Mr.)	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Pilot Point, TX 76258	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Pelzel's Hometown Pharmacy PP
<b>Date</b> 07/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrone R.Ph., Paula (Ms.)	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76116	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Perrone Pharmacy
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrone R.Ph., Paula (Ms.)	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76116	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Perrone Pharmacy

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/16 Rpt: 17/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 07/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawls R.Ph., Vanessa (Ms.)	<b>7</b> Amount of Contribution (\$) \$312.50
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Richard's Pharmacy Mission
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawls R.Ph., Vanessa (Ms.)	<b>Amount of Contribution (\$)</b> \$312.50
	<b>Contributor address; City; State; Zip Code</b>  Mission, TX 78572	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Richard's Pharmacy Mission
<b>Date</b> 07/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Schley R.Ph., Kelli (Ms.)	<b>Amount of Contribution (\$)</b> \$62.50
	<b>Contributor address; City; State; Zip Code</b>  Yoakum, TX 77995	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Yoakum Discount Pharmacy
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Schley R.Ph., Kelli (Ms.)	<b>Amount of Contribution (\$)</b> \$62.50
	<b>Contributor address; City; State; Zip Code</b>  Yoakum, TX 77995	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Yoakum Discount Pharmacy
<b>Date</b> 07/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogler R.Ph., Mark (Mr.)	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Amarillo, TX 79101	
<b>Principal occupation / Job title (See Instructions)</b> Pharmacist		<b>Employer (See Instructions)</b> Martin Tipton Pharmacy

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/16 Rpt: 18/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogler R.Ph., Mark (Mr.) .....  <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79101	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Martin Tipton Pharmacy
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson R.Ph., John (Mr.) .....  Contributor address; City; State; Zip Code  Amarillo, TX 79106	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Catchings Prescriptions
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson R.Ph., John (Mr.) .....  Contributor address; City; State; Zip Code  Amarillo, TX 79106	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Catchings Prescriptions
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Michael (Mr.) .....  Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) VP of Gov't Affairs		Employer (See Instructions) American Pharmacies
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Michael (Mr.) .....  Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP of Gov't Affairs		Employer (See Instructions) American Pharmacies

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/16 Rpt: 19/24
<b>2</b> FILER NAME American Pharmacies Texas PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00089320
<b>4</b> Date 12/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Michael (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) VP of Gov't Affairs		<b>9</b> Employer (See Instructions) American Pharmacies
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough R.Ph., Sean (Mr.) ..... Contributor address; City; State; Zip Code  Houston, TX 77081	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hillcroft Pharmacy
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough R.Ph., Sean (Mr.) ..... Contributor address; City; State; Zip Code  Houston, TX 77081	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hillcroft Pharmacy

# 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: 1/5 Rpt: 20/24	2 FILER NAME American Pharmacies Texas PAC	3 Filer ID (Ethics Commission Filers) 00089320
4 Date 09/25/2025	5 Payee name Adam Hinojosa	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 18301  Corpus Christi, TX 78480	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name Angela Paxton	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 2878  McKinney, TX 75070	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name Brent Hagenbach	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2800 Shoreline Dr. #310  Denton, TX 76210	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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: 2/5 Rpt: 21/24	2 FILER NAME American Pharmacies Texas PAC	3 Filer ID (Ethics Commission Filers) 00089320
4 Date 09/29/2025	5 Payee name Charles Perry	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 94806  Lubbock, TX 79493	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name Charles Schwertner	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P.O. Box 2448  Georgetown, TX 78627	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name Charles Schwertner	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P.O. Box 2448  Georgetown, TX 78627	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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: 3/5 Rpt: 22/24	2 FILER NAME American Pharmacies Texas PAC	3 Filer ID (Ethics Commission Filers) 00089320
4 Date 09/25/2025	5 Payee name Chris Turner	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 1611 McKinney Ave. #307  Dallas, TX 75202	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Cody Harris	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1007 N. Mallard St.  Palestine, TX 75801	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Cole Hefner	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 167  Mount Pleasant, TX 75456	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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: 4/5 Rpt: 23/24	2 FILER NAME American Pharmacies Texas PAC	3 Filer ID (Ethics Commission Filers) 00089320
4 Date 10/28/2025	5 Payee name Jared Patterson	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 5419  Frisco, TX 75035	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name Ramon Romero	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 181  Fort Worth, TX 76101	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Tom Oliverson	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1 E Greenway Plaza #225  Houston, TX 77046	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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: 5/5 Rpt: 24/24	2 FILER NAME American Pharmacies Texas PAC	3 Filer ID (Ethics Commission Filers) 00089320	
4 Date 09/08/2025	5 Payee name Trent Ashby		
6 Amount (\$) \$1,000.00	7 Payee address; City; P.O. Box 412  Lufkin, TX 75902		
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held