

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

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME American Pharmacies Texas PAC	13 Filer ID (Ethics Commission Filers) 00089320
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 32,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 439,052.47
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.

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

17 COMMITTEE NAME American Pharmacies Texas PAC		18 Filer ID (Ethics Commission Filers) 00089320
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/16 Rpt: 8/24
2 FILER NAME American Pharmacies Texas PAC		3 Filer ID (Ethics Commission Filers) 00089320
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrel R.Ph., Nick (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Kingsville, TX 78363	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 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.) <hr/> 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.) <hr/> 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.) <hr/> 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.) <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/16 Rpt: 18/24
2 FILER NAME American Pharmacies Texas PAC		3 Filer ID (Ethics Commission Filers) 00089320
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogler R.Ph., Mark (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79101	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 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.) <hr/> 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.) <hr/> 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.) <hr/> 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.) <hr/> 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/16 Rpt: 19/24
2 FILER NAME American Pharmacies Texas PAC		3 Filer ID (Ethics Commission Filers) 00089320
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Michael (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) VP of Gov't Affairs		9 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.) <hr/> 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.) <hr/> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 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 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 18301 Corpus Christi, TX 78480	
8 PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 Shoreline Dr. #310 Denton, TX 76210	
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 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 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 94806 Lubbock, TX 79493	
8 PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2448 Georgetown, TX 78627	
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2448 Georgetown, TX 78627	
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1611 McKinney Ave. #307 Dallas, TX 75202	
8 PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1007 N. Mallard St. Palestine, TX 75801	
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 167 Mount Pleasant, TX 75456	
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 5419 Frisco, TX 75035	
8 PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Ramon Romero		
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 181 Fort Worth, TX 76101	
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name Tom Oliverson		
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 E Greenway Plaza #225 Houston, TX 77046	
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 412 Lufkin, TX 75902	
8 PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held