

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016271	2 Total pages filed: 67				
3 COMMITTEE NAME Texas Pharmacy Association PAC			OFFICE USE ONLY				
			Date Received ELECTRONICALLY FILED 01/29/2026				
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3200 Steck Ave Suite 370 Austin, TX 78757						
			Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	CEO	RoxAnn					
			Receipt # Amount				
			Date Processed				
			Date Imaged				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3200 Steck Avenue Ste. 370 Austin, TX 78757						
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3200 Steck Avenue Ste. 370 Austin, TX 78757						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	836-8350					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input checked="" type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	12	26	2025		01	25	2026

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Pharmacy Association PAC	13 Filer ID (Ethics Commission Filers) 00016271
--	---

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)	\$ 16,987.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 184,761.00
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.

CEO RoxAnn Dominguez
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 - MPAC

17 COMMITTEE NAME Texas Pharmacy Association PAC		18 Filer ID (Ethics Commission Filers) 00016271
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,987.00
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 checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 2,400.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,600.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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: 1/60 Rpt: 4/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abangan, Anna Rose <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76114-4327	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abellon, Jesah <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-6655	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abu-Baker, Asim <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-6002	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abu-Baker, Asim <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-6002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Renee <hr/> Contributor address; City; State; Zip Code Austin, TX 78712-1113	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/60 Rpt: 5/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Amanda <hr/> 6 Contributor address; City; State; Zip Code Woodson, TX 76491-0304	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmad, Shawn <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78215-1037	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Anisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-7912	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Hallaq, Mahdi <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098-7008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Linda <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016-6800	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/60 Rpt: 6/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aloysius, Kevin	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77007-4346	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Christopher	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78253-6283	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson-Kocian, Lisa	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Athens, TX 75752-5752	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arizpe, Anthony	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cibolo, TX 78108-4012	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arizpe, Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cibolo, TX 78108-4012	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/60 Rpt: 7/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Susan <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546-4443	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashworth, Rebecca Lisa <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-6122	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchley, Siobhan <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606-0369	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atwell, Christine <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137-5404	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Candice <hr/> Contributor address; City; State; Zip Code Sour Lake, TX 77659-7723	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/60 Rpt: 8/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Camille	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Houston, TX 77056-3740	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Rebecca	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657-2205	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayer, Adam	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Vernon, TX 76384-3165	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Tatum, TX 75691-3769	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Tatum, TX 75691-3769	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/60 Rpt: 9/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beam, Adam <hr/> 6 Contributor address; City; State; Zip Code Vernon, TX 76384-6400	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belfiglio, Valentine <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-2629	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benham, Stacey <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-4418	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Kimberly <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-2142	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Christy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401-3537	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/60 Rpt: 10/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhakta, Vimal <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063-4232	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bidinotto, Andrew <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182-7521	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boboye, Law <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017-1739	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, April <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112-3847	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosse, Pamela <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498-2432	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/60 Rpt: 11/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boudreaux, David <hr/> 6 Contributor address; City; State; Zip Code Texarkana, TX 75503-4657	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Bethany <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-8523	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bueche, Jay <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2927	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bujnoch, Tatiana <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-8121	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buras, Lynde <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-5560	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/60 Rpt: 12/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buras, Lynde <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845-5560	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byerly, Angela <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77726-2607	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Marilyn <hr/> Contributor address; City; State; Zip Code Concan, TX 78838-0317	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, LaVonia <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-4036	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canon, Kimberly <hr/> Contributor address; City; State; Zip Code White Oak, TX 75693-3057	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/60 Rpt: 13/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capers, Willie	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Humble, TX 77346-3876		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carruthers Hernandez, Robert	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Amarillo, TX 79118-1140		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carvajal, Charles	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Antonio, TX 78230-2896		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cauthon, Kimberly	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Antonio, TX 78249-4625		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Adrian	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Harlingen, TX 78552-6232		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/60 Rpt: 14/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Adrian	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Harlingen, TX 78552-6232	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chadwick, Michaela	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78741-5042	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chesler, Adam	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-8518	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhadua, Raj	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Frisco, TX 75034-0051	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ching, Rannon	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Lakeway, TX 78734-5638	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/60 Rpt: 15/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lauren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757-8213	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruse, Brittney <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-6111	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, William <hr/> Contributor address; City; State; Zip Code Wolfforth, TX 79382-2156	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daggett, Jacob <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-5401	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Nancy <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-1356	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/60 Rpt: 16/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Bradley <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628-3151	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dembny, Christopher <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089-8689	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Martin <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-7503	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Patricia <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114-3116	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Will <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-4153	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/60 Rpt: 17/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Dana <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096-1430	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dozier, Dawn <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-7210	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driscoll, Michelle <hr/> Contributor address; City; State; Zip Code Conroe, TX 77302-4721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driver, Patricia <hr/> Contributor address; City; State; Zip Code Channelview, TX 77530-4559	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubose, David <hr/> Contributor address; City; State; Zip Code Livingston, TX 77351-9397	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/60 Rpt: 18/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duru, Valentine <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79930-4710	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmundson, Laura <hr/> Contributor address; City; State; Zip Code LUFKIN, TX 75904-4521	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehringer, Kari <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-4732	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emfinger, Robert <hr/> Contributor address; City; State; Zip Code Kemp, TX 75143-0569	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emokah-Uwagboe, Ifeoma <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-2152	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/60 Rpt: 19/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esse, Tara	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015-8305		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Charles	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Tyler, TX 75707-3810		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Euers, Sharon	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78739-1978		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ezeji, Daniel	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Richardson, TX 75080-7954		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Famili, Parsa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Keller, TX 76248-3642		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/60 Rpt: 20/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Ricardo <hr/> 6 Contributor address; City; State; Zip Code Argyle, TX 76226-1676	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fielder, Marla <hr/> Contributor address; City; State; Zip Code Houston, TX 77064-1734	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fite, Tamber <hr/> Contributor address; City; State; Zip Code Waco, TX 76708-5729	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fogan, Dede <hr/> Contributor address; City; State; Zip Code Melissa, TX 75454-9594	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Candace <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4836	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/60 Rpt: 21/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fry, Wilson	7 Amount of Contribution (\$) \$60.00
6 Contributor address; City; State; Zip Code Manor, TX 78653-3393		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Omar	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Bastrop, TX 78602-3219		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza-Gongora, Ernesto	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Antonio, TX 78258-4181		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaskill, Brian	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Tom Bean, TX 75489-0896		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Kevin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Evant, TX 76525-7000		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/60 Rpt: 22/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Marshall <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78728-4563	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78736-1935	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Patricia <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015-4482	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Aaron <hr/> Contributor address; City; State; Zip Code Andrews, TX 79714-3618	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Mark <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226-3101	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/60 Rpt: 23/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginsburg, Diane	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78712-1113		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Karen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Temple, TX 76502-3854		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gourley, Derek	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Perryton, TX 79070-5324		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Erin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Antonio, TX 78209-5710		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Holden	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code McKinney, TX 75070-7372		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/60 Rpt: 24/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Tammy <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610-3437	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greely, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-7864	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greutman, Morgan <hr/> Contributor address; City; State; Zip Code Paris, TX 75462-6623	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griggs, Sabrina <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-9640	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guckian, Sandra <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22308-2012	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/60 Rpt: 25/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunter, Christina	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78738-6387		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurley, Patrick	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-6931		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guyer, Lucila	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Antonio, TX 78247-5129		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakam, Amer	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Peoria, AZ 85383-6668		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammad, Eman	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Round Rock, TX 78681-2198		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/60 Rpt: 26/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammad, Mariam	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Port Arthur, TX 77642-6476		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Lee Ann	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Detroit, TX 75436-4500		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin-Oliver, Carole	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Kingwood, TX 77345-3010		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Atheia	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Richmond, TX 77469-1118		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffley, Karen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Whitesboro, TX 76273-8094		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/60 Rpt: 27/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heisser, Trent <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78231-1408	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henneke, Judi <hr/> Contributor address; City; State; Zip Code Weimar, TX 78962-3680	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman, Frances <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070-3706	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Mary <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-5288	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Mary <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-5288	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/60 Rpt: 28/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) High, W. Carter <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76244-6648	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinze, Holly <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang, Hieu <hr/> Contributor address; City; State; Zip Code Cypress, TX 77084-6802	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobart, Christopher <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423-6165	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Patricia <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406-2041	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/60 Rpt: 29/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michael <hr/> 6 Contributor address; City; State; Zip Code Seabrook, TX 77586-2822	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hung, Leo <hr/> Contributor address; City; State; Zip Code Pecos, TX 79772-6311	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, James <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606-3218	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivy, Delaney <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-8729	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Jobby <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-6387	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/60 Rpt: 30/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Derek <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346-3714	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Emery <hr/> Contributor address; City; State; Zip Code Quinlan, TX 75474-7662	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Nannie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123-1663	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Alice <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-2028	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeri <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-5128	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/60 Rpt: 31/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Stephanie <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77581-8835	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-2646	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-2646	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kainer, James <hr/> Contributor address; City; State; Zip Code East Bernard, TX 77435-9665	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandi, Sirisha <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-5985	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/60 Rpt: 32/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam-Worrall, Lisa <hr/> 6 Contributor address; City; State; Zip Code Saginaw, TX 76131-2911	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam-Worrall, Lisa <hr/> Contributor address; City; State; Zip Code Saginaw, TX 76131-2911	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilson, Sandra <hr/> Contributor address; City; State; Zip Code Pipe Creek, TX 78063-0001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Mary <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-8181	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Mary <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-8181	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/60 Rpt: 33/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleinschmidt, Anna <hr/> 6 Contributor address; City; State; Zip Code Lexington, TX 78947-4939	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleinschmidt, Anna <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947-4939	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knotts, Karen <hr/> Contributor address; City; State; Zip Code Denton, TX 76207-1675	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruckemeyer, Jeremiah <hr/> Contributor address; City; State; Zip Code Kingsbury, TX 78638-1516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuretich, Rachael <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-6387	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/60 Rpt: 34/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Kim	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Shavano Park, TX 78231-1543	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Kenneth	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78739-1509	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, George	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4354	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemke, Kendall	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Troup, TX 75789-8238	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Januari	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Dallas, TX 75211-0487	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/60 Rpt: 35/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lingam, Sravanthi <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028-1466	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loesch, Jeffrey <hr/> Contributor address; City; State; Zip Code Trophy Club, TX 76262-1570	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lott, Sara <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-3017	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loya, Amanda <hr/> Contributor address; City; State; Zip Code El Paso, TX 79938-5306	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Alexander <hr/> Contributor address; City; State; Zip Code Luling, TX 78648-2317	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/60 Rpt: 36/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Michael <hr/> 6 Contributor address; City; State; Zip Code Eagle Pass, TX 78852-6416	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusson, Aimee <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163-2582	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyon, Brittany <hr/> Contributor address; City; State; Zip Code Normangee, TX 77871-5324	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maize, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6318	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Gail <hr/> Contributor address; City; State; Zip Code Austin, TX 78735-6378	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/60 Rpt: 37/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martins, Bukola <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240-5057	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marwat-Khan, Sajidah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251-1733	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauntel, Cherie-Anne <hr/> Contributor address; City; State; Zip Code Garden Ridge, TX 78266-2925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Shari <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-3477	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan, Samantha <hr/> Contributor address; City; State; Zip Code Wolfforth, TX 79382-2854	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/60 Rpt: 38/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76179-1579	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-4529	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-4529	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeeley, Terry <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-4468	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcnabb, Benjamin <hr/> Contributor address; City; State; Zip Code Eastland, TX 76448-2536	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/60 Rpt: 39/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNabb, Benjamin	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Eastland, TX 76448-2536		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Karl	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Benbrook, TX 76126-2575		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meynard, Tara	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Colleyville, TX 76034-5562		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mielke, Terry	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Humble, TX 77346-1782		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millican, Jamie	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Fort Worth, TX 76108-6988		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/60 Rpt: 40/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Janis <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77433-4067	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Julie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216-3099	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammadi, Nazley <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-7805	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Joshua <hr/> Contributor address; City; State; Zip Code Tulia, TX 79088-2747	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moussallie, George <hr/> Contributor address; City; State; Zip Code Edgewood, WA 98371-1408	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/60 Rpt: 41/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Michael <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-6262	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murhammer, Payal <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-3793	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musgrove, Melvin <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634-3945	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagarsheth, Kunal <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-4695	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nam, Gubeom <hr/> Contributor address; City; State; Zip Code Austin, TX 78729-1777	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/60 Rpt: 42/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neale, Jeff <hr/> 6 Contributor address; City; State; Zip Code Seabrook, TX 77586-1822	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ngo, Caroline <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-2301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christine <hr/> Contributor address; City; State; Zip Code Little Elm, TX 75068-2958	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Darlene <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-4782	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Kim Thuy <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-3986	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/60 Rpt: 43/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Nhat <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063-6001	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Frank <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-6420	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Day, Michael <hr/> Contributor address; City; State; Zip Code Castroville, TX 78009-2834	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obrzut, Tom <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-8747	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okocha, Chinedu <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-0063	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/60 Rpt: 44/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Michele <hr/> 6 Contributor address; City; State; Zip Code Wylie, TX 75098-8216	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Stephanie <hr/> Contributor address; City; State; Zip Code Borger, TX 79008-3282	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parra, Catherine <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-4148	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patry, Roland <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382-1753	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattillo, Jan <hr/> Contributor address; City; State; Zip Code Hamilton, TX 76531-0112	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/60 Rpt: 45/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paz, Diana	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code McAllen, TX 78501-8188		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peavey, Carolyn	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Kingwood, TX 77345-1812		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Tho	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Grand Prairie, TX 75054-6846		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierre, Yvette	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Duncanville, TX 75137-2923		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piper, John	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Midlothian, TX 76065-5561		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/60 Rpt: 46/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Platin, Tracey <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75072-5208	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ploch, Stephen <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-6878	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polson, James <hr/> Contributor address; City; State; Zip Code Westworth Village, TX 76114-4106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Portillo, Salvador <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660-4272	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Barry <hr/> Contributor address; City; State; Zip Code Linden, TX 75563-5627	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/60 Rpt: 47/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proffit, Jaelin	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Kerrville, TX 78028-6405	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quade, Lauren	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130-8989	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raia, Mary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77056-1206	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramanathan, Meenakshi	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Northlake, TX 76226-3743	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Soujanya	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Plano, TX 75025-4042	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/60 Rpt: 48/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Jay <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77304-1574	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayburn, Shawn <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503-6057	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Carol <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2611	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Carol <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2611	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeder, Todd <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-2998	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/60 Rpt: 49/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Kay 6 Contributor address; City; State; Zip Code Prague, OK 74864-1501	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Kay Contributor address; City; State; Zip Code Prague, OK 74864-1501	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ridings-Myhra, Jennifer Contributor address; City; State; Zip Code Georgetown, TX 78626-5611	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rinn, Kevin Contributor address; City; State; Zip Code Giddings, TX 78942-4304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Jose Contributor address; City; State; Zip Code El Paso, TX 79912-5802	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/60 Rpt: 50/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Lauren <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78250-4415	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robison, Sara <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-3742	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Roel <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78542-7693	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumsey, Ronald <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-1721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rush, Sharon <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620-5047	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/60 Rpt: 51/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushefsky, Laura <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096-3924	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rust, Dennis <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-6327	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sacky, Carrie <hr/> Contributor address; City; State; Zip Code Sunnyvale, TX 75182-2622	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Michael <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78541-9105	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Melissa <hr/> Contributor address; City; State; Zip Code Paradise Valley, AZ 85253-3171	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/60 Rpt: 52/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarraj, Nada	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code Houston, TX 77094-1441		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Kimberly	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613-5300		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schauer, Nathan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77019-4394		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schleigh, Thomas	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Kingwood, TX 77339-1591		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selby, Kelly	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Carrollton, TX 75010-4996		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/60 Rpt: 53/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeeler, William <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748-3065	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, Richard <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087-1717	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Margarete <hr/> Contributor address; City; State; Zip Code Sachse, TX 75048-4561	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Melanie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-3828	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Carlos <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539-4716	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/60 Rpt: 54/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonnenburg, Gary	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Brenham, TX 77833-7718	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stallings, Amanda	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78728-4458	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Studdard, Ellie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78727-3289	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sundrani, Joah	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Frisco, TX 75035-3613	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swofford, Lark	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-7647	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/60 Rpt: 55/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbot, Sandra <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478-4009	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, Daniel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204-2386	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, Daniel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204-2386	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Charles <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-4342	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thakkar, Minal <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-5766	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/60 Rpt: 56/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Justin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204-2358	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinajero, Noemi <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852-3395	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torok, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-2252	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torralba, Christine <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552-3790	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tumlinson, Jesica <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-8729	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/60 Rpt: 57/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyo, Risa	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code McKinney, TX 75071-5562		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valadez, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cypress, TX 77429-2828		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valencia, Rebeka	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Odessa, TX 79761-3731		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van De Putte, Leticia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Antonio, TX 78213-3316		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varkey, Alex	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479-3751		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/60 Rpt: 58/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Stephen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749-4122	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogler, Hayden <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119-1399	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Julie <hr/> Contributor address; City; State; Zip Code Bentonville, AR 72713-3181	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waggener, Jeanne <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-3408	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Tamarah <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036-1701	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/60 Rpt: 59/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, David	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Houston, TX 77035-5027		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weems, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78758-3801		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Charlotte	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Tyler, TX 75710-1411		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welton-Arndt, Lauren	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Addison, TX 75001-6333		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiesner, Dennis	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78759-5566		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/60 Rpt: 60/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Loynecia <hr/> 6 Contributor address; City; State; Zip Code Manvel, TX 77578-3285	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-6667	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Courtney <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757-8239	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-3908	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Skye <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-1133	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/60 Rpt: 61/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstel, Craig <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76114-1922	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolff, Floyd <hr/> Contributor address; City; State; Zip Code Kenedy, TX 78119-4464	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Annie <hr/> Contributor address; City; State; Zip Code Houston, TX 77039-4120	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woo, May <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-2404	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Britney <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-5554	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/60 Rpt: 62/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wulfe, Steven	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78736-2400		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyatt, Yankton	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Andrews, TX 79714-8136		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xavier, Christy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, TX 76001-5640		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yakoub, Noha	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Austin, TX 78727-4141		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, Min	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code McKinney, TX 75071-0117		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/60 Rpt: 63/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yu, Frank <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703-6932	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yzaguirre, Pedro <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520-9264	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachariah, Gina <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-0011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zakaria, Mohamed <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175-4818	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamutt, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78750-8535	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/3 Rpt: 64/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/14/2026	5 Corporation / Labor Organization name Allen Family Drug	6 Amount (\$) 50.00
Date 01/06/2026	Corporation / Labor Organization name Amarillo Diagnostic Clinic TX	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Aubrey Pharmacy	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Blount Pharmacy	Amount (\$) 50.00
Date 01/05/2026	Corporation / Labor Organization name Bluitt's Pharmacy	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Brookshire Grocery Pharmacy	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Cantu's Pharmacy	Amount (\$) 50.00
Date 01/09/2026	Corporation / Labor Organization name Consulting Matters	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Corner Drug Store	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name DWS Healthcare Consulting	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Eagle Drug	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Family Pharmacy	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Family Pharmacy of Pottsboro	Amount (\$) 50.00
Date 01/06/2026	Corporation / Labor Organization name Fort Worth Pharmacy, LLC	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Frontier Pharmacy of Kenedy Inc	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name HEB Grocery Company	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Harvest Drug & Gift	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Highland Drug	Amount (\$) 50.00

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 2/3 Rpt: 65/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Corporation / Labor Organization name Hunter Pharmacy Services, Inc.	6 Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Hyland's Pharmacy	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Jacobs Family Pharmacy	Amount (\$) 50.00
Date 01/05/2026	Corporation / Labor Organization name Kegans, Inc	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name LLW Consulting	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Laredo Downtown Pharmacy	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Lee's Pharmacy	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Lee's Pharmacy & Medical Equipment Co	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Linos Pharmacy	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Mabank Family Pharmacy	Amount (\$) 50.00
Date 01/12/2026	Corporation / Labor Organization name Martin-Tipton, LLC	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Maxwell Pharmacy, Inc	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Merkel Drug Co.	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Nelson Prescription Pharmacy, Inc.	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Paragon Healthcare Inc.	Amount (\$) 50.00

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 3/3 Rpt: 66/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 01/03/2026	5 Corporation / Labor Organization name Parker's City Pharmacy	6 Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Pavilion Pharmacy, Inc.	Amount (\$) 50.00
Date 01/13/2026	Corporation / Labor Organization name Porter Drug	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Prescription Shop	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Randol Mill Pharmacy	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name S&R Drug Co.	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Tanglewood Pharmacy	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name Tarrytown Pharmacy	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name The Medicine Shop	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name The Medicine Shop	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name The Prescription Shop	Amount (\$) 50.00
Date 01/03/2026	Corporation / Labor Organization name The Woodlands Compounding Pharmacy	Amount (\$) 50.00

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION**

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 67/67
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/31/2025	5 Corporation / Labor Organization name Texas Pharmacy Association	6 Amount (\$) 1,600.00