

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Pat Curry State Representative
		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	\$ 66.59
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 68,885.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,023.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 317,520.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Clayton Stewart
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

MONTHLY FILING GPAC REPORT: PURPOSE

12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Liz Campos State Representative
		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.)	

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 Rep. Cole Hefner State Representative
		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.)	

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 Sen. Bryan Hughes State Senator
		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.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Medical Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015658
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,213.78
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	\$ 4,280.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 24,391.26
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 18,023.28
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2,254.85

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/65 Rpt: 5/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aalund, Gordon R. <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092-5103	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abikhaled, Shannon M. <hr/> Contributor address; City; State; Zip Code Austin, TX 78733-4200	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ascension Medical Group - Westlake Women's Health
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Achari, Madhureeta <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-1414	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addison, John Bruce <hr/> Contributor address; City; State; Zip Code Colorado City, TX 79512-2405	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Family Medical Associates
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adeyeye, Ayotunde Oluwaseun <hr/> Contributor address; City; State; Zip Code Longview, TX 75601-5433	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Anchor Health Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/65 Rpt: 6/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adhikari, Emily Harris <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75390-0001	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UT Southwestern Medical Center
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agostini, Anthony Joseph <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-3519	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Center of Amarillo, LLP
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agrons, Michelle M. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-6306	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Partners Houston
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alberto H. Gutierrez, Jr., MD, PA <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539-4429	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alderazi, Yazan J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-6424	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Clear Lake Neuro Specialists

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/65 Rpt: 7/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Kimulique Harkley	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Irving, TX 75063-3492	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Cooper Clinic, PA
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anasco, Sarah Heady	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Houston, TX 77030-4424	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) JPS Residency Program
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Kent	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code League City, TX 77573-4211	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anzaldua, Mario Rudy	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Mission, TX 78572-7441	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mario R. Anzaldua MD, P.A.
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arce, Alexandra Bernadette	Amount of Contribution (\$) \$49.50
	Contributor address; City; State; Zip Code Garland, TX 75040-6203	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Spectra Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/65 Rpt: 8/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arocha, Bernardino A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Houston, TX 77024-7527	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Arocha Hair Restoration
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Susan Rudd	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Benbrook, TX 76132-1066	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Richard Lynn	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Nacogdoches, TX 75961-4249	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Frank L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77019-5905	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Frank L. Barnes, MD PA
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnett, Scott A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78704-1872	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bone Dr's Orthopedic Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/65 Rpt: 9/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrash, J. Martin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096-3901	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartos, Justin V. <hr/> Contributor address; City; State; Zip Code Bedford, TX 76022-7250	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medical City Family Medicine
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassin, Alan S. <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75901-6019	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Angelina Surgical Associates
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baum, Alan C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77057-2136	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauman, Wendall C. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-3832	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retina Institute of South Texas, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/65 Rpt: 10/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Paul Wesley	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Midland, TX 79703-5464	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhuchar, Subodh Kumar	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code Sugar Land, TX 77479-3909	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sugarland Med Ped Clinic, PA
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bizzell, Skylar K.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Clifton, TX 76634-3425	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Goodall-Witcher Hospital Foundation
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Alex Joseph	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Laredo, TX 78045-6637	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Laredo Premier Healthcare, PLLC
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodavula, Phani	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Plano, TX 75025-3109	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Garland Pediatrics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/65 Rpt: 11/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohnn, Byron J. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004-5688	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourgeois, Keith A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3931	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Downtown Eye Associates
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Albert O. <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054-7208	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyer, Clark A. <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78596-3407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Physician Alliance
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Jason C. <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-4353	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Comal Womens Medical Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/65 Rpt: 12/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Wesley Anne <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225-4831	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Women's Wellness Institute of Dallas
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, James McFarley <hr/> Contributor address; City; State; Zip Code Spurger, TX 77660-0175	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) James W. Brown, MD, PA
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown-Nembhard, Tonya Renee <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-3021	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Beaumont Pediatric Center PLLC
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buja, L. Maximilian <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-4328	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Pathology & Laboratory Medicine
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkes, William L. <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-1701	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Shannon Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/65 Rpt: 13/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burzynski, Stanislaw R.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Houston, TX 77042-2127		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Burzynski Clinic
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bywaters, Daniel Wilson	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Athens, TX 75751-9022		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cadena-Garza, Aracely	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Mission, TX 78572-7619		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dr. Aracely-Cadena Garza
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camero, Elva A.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Antonio, TX 78240-2689		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Elva Alejandro-Camero MD
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Danae	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479-2328		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Methodist Radiology Associates, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/65 Rpt: 14/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canterbury, Christine Leigh <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2537	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Corpus Christi Women's Clinic
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Clara A. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2546	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carbajal Mendoza, Roger F. <hr/> Contributor address; City; State; Zip Code Houston, TX 77021-1012	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Optimcurea Renal LLC
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-3735	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Gastroenterology
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carey, Albert <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-1774	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dynamic Pain Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/65 Rpt: 15/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlka J. Cole, DO PA <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75042-6610	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Pamela C. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701-8435	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heaton Eye Associates
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Sarah Ryman <hr/> Contributor address; City; State; Zip Code Early, TX 76802-3213	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavda, Jay <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-2522	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Shayona ENT
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chike-Obi, Chuma J. <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2038	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Office of Dr. Chuma J. Chike-Obi

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/65 Rpt: 16/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chun, Christopher Sung Jin	7 Amount of Contribution (\$) \$208.34
	6 Contributor address; City; State; Zip Code Dallas, TX 75244-7446	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Epic Pain and Orthopedics
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chung, Wendy M.	Amount of Contribution (\$) \$33.00
	Contributor address; City; State; Zip Code Dallas, TX 75205-2054	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Robert Dwight	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Haltom City, TX 76117-2568	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton, Gary Randall	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Lumberton, TX 77657-7137	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gary R Clayton MD PA
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clegg, Cynthia Olfers	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2799	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Dermatology Partners - Central Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/65 Rpt: 17/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connell, Stuart M.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Victoria, TX 77904-2815		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Citizens Medical Center
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Michael G.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77080-5540		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pumpngas PLLC
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Christopher Ryan	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Garland, TX 75043-1601		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Lucius Pinckney	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75231-2704		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper Clinic	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75230-2200		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/65 Rpt: 18/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortese, Jack Locardi	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1222		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Corpus Nephrology Network
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottingham, John T.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Kemah, TX 77565-2920		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Premier Healthcare
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cousins, Kurt L.	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Austin, TX 78756-1626		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kurt L. Cousins, MD
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Cody Allen	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Lubbock, TX 79424-7697		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cody A. Cox, MD PA
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Judy K.	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109-2411		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/65 Rpt: 19/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Critelli, Heather <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75709-8902	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale C. Davies, M.D. P.A. <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092-7390	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Andrews Center
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danly, David R. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-3109	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dasari, Vijaya Madhavi <hr/> Contributor address; City; State; Zip Code Denton, TX 76210-0175	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Frank Thomas <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75088-6361	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/65 Rpt: 20/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, William L.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77024-7026	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Eye Institute
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denning, Jennifer Ann	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75214-2823	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OB on Call LLP
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshpande, Amol Sudakar	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lufkin, TX 75904-5388	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Children's Clinic of Lufkin, PA
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshpande, Pratibha Amol	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lufkin, TX 75904-5388	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhaliwal, Gurpreet S.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Burleson, TX 76028-7035	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/65 Rpt: 21/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diego Rivera, M.D.P.A.	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Lubbock, TX 79415-2844		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domask, A. Madeline	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77024-2612		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Village Medical
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez Silveyra, Endy Aaron	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code El Paso, TX 79912-4144		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dossett, Lucy McCauley	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code Roanoke, TX 76262-0619		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dragun, Michael John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Midland, TX 79707-4714		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) West Texas Urology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/65 Rpt: 22/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drennon, Donald Lee <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205-1486	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drinkard, Lee C. <hr/> Contributor address; City; State; Zip Code Irving, TX 75039-2853	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupont, Cedric <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-5505	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyrstad, Sara Suzanne <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762-9343	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Oncology - Amarillo Cancer Center
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elite Women's Care Center PA <hr/> Contributor address; City; State; Zip Code Houston, TX 77094-1292	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/65 Rpt: 23/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Diana	7 Amount of Contribution (\$) \$16.50
6 Contributor address; City; State; Zip Code Horizon City, TX 79928-5419		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) St. Andrew's Family Medicine Clinic
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquivel, Sandra	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Weslaco, TX 78596-9411		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Valley Care Clinics
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Carolyn A.	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code Dallas, TX 75287-4911		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Pediatric Assoc.
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Mary Candace	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Dallas, TX 75230-3035		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Family Wellness Center, PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Marble Falls, TX 78654-4324		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/65 Rpt: 24/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Lisa Rae <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551-1471	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Texas Medical Branch
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fasullo, Frank J. <hr/> Contributor address; City; State; Zip Code El Lago, TX 77586-6044	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiesinger, Troy T. <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-3910	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kelsey Seybold
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Ray M. <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-7030	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flaherty, James <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3172	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) JPS Residency Program

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/65 Rpt: 25/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Roberto J. <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78041-2024	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Clear Choice Physicians Group
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fountain, Dyanna Marie <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548-2736	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott White Clinic-Killeen Branch
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frame, Donald C. <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304-3566	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frenkel, Peter Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3786	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) HeartPlace
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Deborah A. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2221	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Obstetric & Gynecologic Association, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/65 Rpt: 26/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Max I.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75390-0001	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UT Southwestern Medical Center
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Aimee C.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75252-5441	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Center for Neurology and Neurophysiology, PA
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehlbach, Daniel A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75218-2117	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Surgical Pathologists of Dallas
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, John T.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75254-8471	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Sports Medicine Specialists
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmer, William S.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77005-2613	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) William S. Gilmer, MD, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/65 Rpt: 27/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giron, Hilda E.	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code Amarillo, TX 79119-6526		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gold, Daniel M.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Bullard, TX 75757-9329		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Palestine Eye Clinic
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Craig S.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77024-5110		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottipati, Anita Rani	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code The Woodlands, TX 77382-1346		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant-Jennings, Grace A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Austin, TX 78734-2021		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hospital Internists of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/65 Rpt: 28/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Nathan L. <hr/> 6 Contributor address; City; State; Zip Code Westlake, TX 76262-8805	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grossman, Stephen Michael <hr/> Contributor address; City; State; Zip Code Fresno, CA 93711-0360	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunby, Elizabeth <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-4826	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halloum, Ammar <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-7941	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlingen Pediatrics Associates <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-7430	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/65 Rpt: 29/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlingen Pediatrics Associates <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-7430	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlingen Pediatrics Associates <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-7430	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Brian J. <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-5497	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) St. David's HealthCare
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heaton, Charles L. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-0902	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heaton Eye Associates
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinrich, Michael S. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2513	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Anesthesia Scheduling, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/65 Rpt: 30/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heintges, Michelle Lynn	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75240-5319	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hermann, Lauren A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code San Marcos, TX 78666-2521	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hermosa, Joseph P.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664-4237	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Internal Medicine Clinic of Georgetown
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hipps, W. Michael	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Richmond, TX 77469-8306	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Eye Institute
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W.	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Waco, TX 76712-7565	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/65 Rpt: 31/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Olayinka Omowunmi	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Laredo, TX 78045-6873		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) BETHSAIDANEPHROLOGY AND INTERNAL MEDICINE PLLC
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Ken C.	Amount of Contribution (\$) \$16.67
Contributor address; City; State; Zip Code Fort Worth, TX 76107-1907		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Hopper Group-Hopper Health Strategies
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, Brian Francis	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Lufkin, TX 75901-7407		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dr. Brian Humphreys MD FACS PA
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, James Loyd	Amount of Contribution (\$) \$208.34
Contributor address; City; State; Zip Code Helotes, TX 78023-4492		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Innovations Medspa, PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75251-1704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/65 Rpt: 32/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jahoor, Anil F.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Texarkana, TX 75503-6124	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) St Michaels Hospital
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Waldrep, MD, PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Orange, TX 77630-4750	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77019-6203	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Eye Institute
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Daniel Todd	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78745-1009	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Joshua Lee	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Tyler, TX 75707-1740	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heaton Eye Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/65 Rpt: 33/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Rebecca O.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Tyler, TX 75703-0749		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) CHRISTUS Trinity Clinic - Dehaven Eye Clinic, PA
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Shalita M.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75218-4503		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Hospital Medicine - Dallas
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juno, Russell Joseph	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Giddings, TX 78942-6215		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ascension Seton Smithville
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamphaus, John Nichalos	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75254-7954		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Geode Health
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapadia, Darshan K.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Plano, TX 75024-1100		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Internal Medicine Associates of West Plano

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/65 Rpt: 34/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kazi, Farhana	7 Amount of Contribution (\$) \$16.50
6 Contributor address; City; State; Zip Code Plano, TX 75093-4207		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khammar, George S.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76107-4716		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas, P.A.
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David Tyler	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code Laredo, TX 78045-7174		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klump, Shannon F.	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2553		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Peterson Health
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kochan, Carrie	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Cresson, TX 76035-4613		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/65 Rpt: 35/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krall, Scott Paul <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6138	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Amistad Community Health Center, Inc.
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kridel, Russell W. H. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2204	Amount of Contribution (\$) \$625.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Facial Plastic Surgery Associates
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kridel, Russell W. H. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2204	Amount of Contribution (\$) \$625.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Facial Plastic Surgery Associates
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kulwicki, Kevin James <hr/> Contributor address; City; State; Zip Code Lantana, TX 76226-4488	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaCroix, Kelli L. <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551-4538	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor All Saints Medical Center At Fort Worth

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SCHEDULE A1

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2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laine, Aaron Michael <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034-1367	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) The Center for Cancer and Blood Disorders
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Scott H. <hr/> Contributor address; City; State; Zip Code Midland, TX 79707-2256	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Anesthesia Medical Group of the Permian Basin, LLP
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanier, Sandy <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-3581	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeBlanc, Danielle Marie <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126-1941	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fort Worth Plastic Surgery Institute
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Chevy Chu <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-1106	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/65 Rpt: 37/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Christian K.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Austin, TX 78757-4351		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehmann Eye Center PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Nacogdoches, TX 75965-1370		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Self Employed
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lenamond, Carrie Cherie	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Arlington, TX 76017-4757		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Self Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisse, Scott A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479-4219		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Village Medical
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lown, Ira G.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78731-3724		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Austin Hand Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/65 Rpt: 38/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackey, Presley <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-4747	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Houston Methodist Residency Program
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malini, Srini <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-2642	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario Perez DO, PA <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382-9781	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Frank Eloy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-4192	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez-Menendez, Carlos J. <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-7815	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/65 Rpt: 39/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maruska, Matthew C. <hr/> 6 Contributor address; City; State; Zip Code Stephenville, TX 76401-6826	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University Health Center At Tarleton State Unvers
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massingill, George Sealy <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2758	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech Univ Health Sciences Center
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Patrick Allen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-5856	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gastroenterology Consultants of San Antonio-Medica
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattox, Kenneth L. <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-5641	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine - Cardiothoracic Surger
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAlister, Wade P. <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-6318	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Orthopedic Surgery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/65 Rpt: 40/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGlynn, Edward Hugh	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Los Fresnos, TX 78566-4483		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Jaime L. Silva MD, PA
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Young T.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Waco, TX 76710-1262		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Dermatology Partners - Waco
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mesa, Andres	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77025-4516		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiovascular & Vein Institute
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Lovoi, MD PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78426		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Pittman MD PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Irving, TX 75063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/65 Rpt: 41/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mild, Charles F.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Harlingen, TX 78550-2807	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Deborah W.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77008-6761	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bay Area ENT Specialists LLP
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miner, Adam Seth	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75252-5622	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Adam S. Miner, MD PA
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moncada, Armando	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code McAllen, TX 78503-1219	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monday, Kimberly E.	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Houston, TX 77005-3318	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Neurology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/65 Rpt: 42/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monheit, Jacqueline G. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096-1245	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moninger, George Allen <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-4171	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moparty, Ravi K. <hr/> Contributor address; City; State; Zip Code Spring, TX 77381-5012	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Spring Gastroenterology Assopa
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Efren Antonio <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041-6450	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moster, Susan G. <hr/> Contributor address; City; State; Zip Code Farmers Branch, TX 75234-3707	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Digestive Disease Consultants - Fort Worth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/65 Rpt: 43/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, James F.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Sugar Land, TX 77478-3966		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mushtaler, Jennifer L.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Austin, TX 78730-1538		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myung, Chang Ryul	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Brownsville, TX 78520-0213		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Valley Regional Medical Center
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naismith, Robert Alan	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1610		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Corpus Christi Urology Group
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Najera, Raul Abel	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code El Paso, TX 79936-3916		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/65 Rpt: 44/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nance, Brenna Jacinth <hr/> 6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2534	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Brenna J. Nance, MD PA
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nandgaonkar, Bharat Narayan <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-6529	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Clinic-College Station Rock P
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, James A. <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-5511	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Greater Houston Psychiatric Associates, PLLC
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newall, German <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-7525	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Aesthetic Center for Plastic Surgery
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nirmal S Bual MD PA <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-4697	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/65 Rpt: 45/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nisnisan, Josier M.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-4250	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Royal Oaks Medical Home & Wellness Clinics
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel, Richard L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Spring, TX 77379-1462	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Alternative Services Network
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordhauser, Jennifer Elaine	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Pflugerville, TX 78660-2677	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Austin Dell Family Medicine Faculty
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nordhauser, Jennifer Elaine	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Pflugerville, TX 78660-2677	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Austin Dell Family Medicine Faculty
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy L.	Amount of Contribution (\$) \$83.34
	Contributor address; City; State; Zip Code Magnolia, TX 77355-1836	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Noble Anesthesia Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/65 Rpt: 46/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Texas Neurosurgical Consultants PA	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Arlington, TX 76015-4334		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oommen, Kalarickal J.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Lubbock, TX 79407-2159		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oppeltz, Richard	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code San Antonio, TX 78260-7238		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Wabash General Hospital
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osafo-Mensah, Kwaku A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76126-4947		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pang, Don	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75252-6520		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/65 Rpt: 47/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, J. Timothy <hr/> 6 Contributor address; City; State; Zip Code Denison, TX 75020-7245	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) TexomaCare
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parma, Frank Stephen <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904-3838	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Kaushal <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-5018	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Vital Heart & Vein
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Rupert <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498-2377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gulf Coast Kidney Treatment Centers, PLLC
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearse, Lee Ann <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7703	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatric Cardiologists of N TX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/65 Rpt: 48/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pediatric Associates of Dallas <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231-4243	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pediatric Associates of Dallas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4243	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pediatric Associates of Dallas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4243	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pediatric Associates of Dallas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4243	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pediatric Associates of Dallas <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4243	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/65 Rpt: 49/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pediatric Associates of Dallas	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Dallas, TX 75231-4243		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pediatric Associates of Dallas	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75231-4243		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pediatric Associates of Dallas	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75231-4243		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pediatric Associates of Dallas	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75231-4243		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pediatric Associates of Dallas	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75231-4243		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/65 Rpt: 50/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pediatric Associates of Dallas <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231-4243	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Transperity Medical Providers
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Carmen J. <hr/> Contributor address; City; State; Zip Code Spring, TX 77380-4611	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Transperity Medical Providers
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Tony A. <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-1118	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tony A Pham MD PA
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, David P. <hr/> Contributor address; City; State; Zip Code Humble, TX 77347-0876	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David P. Poindexter, MD
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Todd Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2742	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Plastic Surgery Associates, PA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/65 Rpt: 51/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Dean P.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Houston, TX 77056-2319		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Eye Institute
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potti, Aruna K.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75244-7516		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pownell, Patrick H.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75252-4982		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Patrick H. Pownell, MD PA
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puttagunta, Raghuv eer	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413-5256		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Driscoll Childrens Hospital
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Race, James E.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75224-3000		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/65 Rpt: 52/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rai, Shiwali <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204-1634	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ram Kolluru MD PA <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761-4436	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Harish Pulipaka <hr/> Contributor address; City; State; Zip Code Houston, TX 77090-2903	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Vivek U. <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765-8947	Amount of Contribution (\$) \$416.68
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Vivek U. <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765-8947	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/65 Rpt: 53/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Recio, Salvador R. <hr/> 6 Contributor address; City; State; Zip Code Kingwood, TX 77339-5701	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Transperity Medical Providers
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, James Franklin <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-5505	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richwine, Kimberly Ann <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126-1132	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risner, David Schuller <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-7478	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heaton Eye Associates
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Kathryn <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-5461	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/65 Rpt: 54/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Eldon Stevens <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79493-6685	7 Amount of Contribution (\$) \$27.28
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Roger R. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2758	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodkey, Mark Lee <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-7968	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohm, Fred W. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123-1806	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fred Rohm DO PA
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenfield, Laura E. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-5333	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gynecological & Obstetrical Assoc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/65 Rpt: 55/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Steven L.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Weatherford, TX 76086-5894	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salami, Olufunmilayo I.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Katy, TX 77493-4728	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Whole Care Pediatrics
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Luis A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77006-4653	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Harris County Institute of Forensic Sciences
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sander, Hans M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78733-6120	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Dermatology Partners - Jollyville
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santiago, Cesar	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New Braunfels, TX 78130-2774	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/65 Rpt: 56/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiess, Mya Caryn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-3734	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTMSH - Dept of Neurology
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Stacey A. <hr/> Contributor address; City; State; Zip Code Ketchikan, AK 99901-4363	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scurria, M. Sandra <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4122	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Larry Clay <hr/> Contributor address; City; State; Zip Code Gainesville, TX 76240-4630	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, V. Glenn <hr/> Contributor address; City; State; Zip Code Denton, TX 76205-5509	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/65 Rpt: 57/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedani, Simran	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Copper Canyon, TX 75077-8710		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidenfeld, Steven Meredith	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75201-1523		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) ID Specialists, PA
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sekula-Gibbs, Shelley	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Spring, TX 77380-1679		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Elite Dermatology & Plastic Surgery
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Self, Angela D.	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code River Oaks, TX 76114-1821		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selvaggi, Thomas Carl	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code COMMERCE, TX 75428		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hunt Regional Medical Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/65 Rpt: 58/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharif, Roozbeh <hr/> 6 Contributor address; City; State; Zip Code Nederland, TX 77627-9002	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Houston Methodist DeBakey Cardiology
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn S. Hayden, MD PA <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Gary J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-3662	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southwest Memorial Physician Associates, PA
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shires, Patricia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-3304	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Indra Veer <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-4617	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) All Saints Health System, Ft. Worth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/65 Rpt: 59/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen Van Matre <hr/> 6 Contributor address; City; State; Zip Code Manor, TX 78653-3768	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Lance S. <hr/> Contributor address; City; State; Zip Code Azle, TX 76020-5429	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Michael J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77057-1803	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Physicians - Colon and Rectal Clinic
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southerland, Natalia Jo <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-3529	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Village Medical
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Jane Oliver <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-8886	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/65 Rpt: 60/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stalcup, Obie Lee	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Lubbock, TX 79416-5607		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starbranch Psychiatry Associates, PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77080		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Austin D.	Amount of Contribution (\$) \$21.00
Contributor address; City; State; Zip Code Dallas, TX 75229-2722		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strobel, Gennell DeAn	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code Sherman, TX 75090-5000		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) G. Dean Strobel, MD PA
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suba, Steven A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76132-1163		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Grace Obstetrics & Gynecology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/65 Rpt: 61/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sudhakar, Sivaram <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79121-1616	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Nicole M. <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065-9485	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taboada, Ricardo <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415-4482	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Coastal Bend Pain Management
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taliaferro, Leigh <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-4724	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Leigh Taliaferro, MD, PA
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tatum, Ross J. <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008-2893	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/65 Rpt: 62/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tavel, Linda L. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096-1114	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Bristol Hospice
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teller, Craig F. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5728	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bellaire Dermatology Associates
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesfa, Ganana <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-8413	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Neurology Associates of Arlington, PA
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jacob, Jenny <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681-3900	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Texas Veterans HCS
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torkildsen, William H. <hr/> Contributor address; City; State; Zip Code Fayetteville, TX 78940-5624	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Port Isabel Health Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/65 Rpt: 63/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Adalberto <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494-7203	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Hoa H. <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-7358	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tran Physician Group
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trippe, Karl Michael <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712-6120	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troutt, Thomas <hr/> Contributor address; City; State; Zip Code Paris, TX 75460-6307	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ty-Arias, Mei-An Tonette Ong <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75150-6919	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southwest Rheumatology Research

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/65 Rpt: 64/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ukoli, Preston M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Brownsville, TX 78526-1863	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Ukoli Care Clinic, PA
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valley Children's Clinic, PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550-8202	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verner, Edward Farley	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Woodway, TX 76712-3173	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) AMG Waco Infectious Disease
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vigo, Paul G.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Austin, TX 78739-1938	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allergy Partners of Central Texas - Austin 34th
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vijjeswarapu, Daniel V.	Amount of Contribution (\$) \$625.00
	Contributor address; City; State; Zip Code San Antonio, TX 78221-3117	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CentroMed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/65 Rpt: 65/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vosberg, Jacob L.	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78249-2478		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Janeana M.	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code Missouri City, TX 77489-3962		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Health Department
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Thomas Miller	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Woodway, TX 76712-3031		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Moses E.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77044-2084		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Moses E Wilcox Sr., MD PA
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Maurice G.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Shiner, TX 77984-0805		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Fayette-Lavaca Family Medical Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/65 Rpt: 66/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willers, Gary Paul <hr/> 6 Contributor address; City; State; Zip Code Cuero, TX 77954-0432	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Cuero Community Hospital
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Lori <hr/> Contributor address; City; State; Zip Code Crawford, TX 76638-3444	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Patrick A. <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-8503	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tricounty Urology
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-7706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Urology Specialists - Longview
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willingham, David Ryan <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626-7639	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/65 Rpt: 67/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wills, Martha P. <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182-8467	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Martha P. Wills MD FACS PA
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wollaston, Dianne E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77270-0885	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Advanced Rheumatology
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wortham, Becki <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-3500	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagnik, Vivek C. <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-2506	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, John K. <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-3800	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) ENT & Allergy Associates Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/65 Rpt: 68/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youens, Duchicela & Associates, P.A. <hr/> 6 Contributor address; City; State; Zip Code Weimar, TX 78962-3680	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youens, Duchicela & Associates, P.A. <hr/> Contributor address; City; State; Zip Code Weimar, TX 78962-3680	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Lisa W. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3947	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Aesthetic Center for Plastic Surgery
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Todd E. <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008-6905	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Center for Urology
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yusoof, Syed Ather <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-6437	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Panacea Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/65 Rpt: 69/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zagrodzky, Jason D. <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78735-7914	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zavaleta, Beverly A. <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78523-3205	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ziegler, Daniel W. <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008-5209	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Acclaim Physician Group

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/2 Rpt: 70/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/08/2026	5 Corporation / Labor Organization name Adolfo R. Rama, MD, PLLC	6 Amount (\$) 99.00
Date 01/13/2026	Corporation / Labor Organization name Biofit Weight & Hormone Clinic	Amount (\$) 99.00
Date 01/06/2026	Corporation / Labor Organization name Carter J. Moore, M.D., PLLC	Amount (\$) 99.00
Date 12/30/2025	Corporation / Labor Organization name Central Texas Heart Center, PLLC	Amount (\$) 495.00
Date 01/02/2026	Corporation / Labor Organization name Cornerstone Eye Associates, PLLC	Amount (\$) 300.00
Date 01/06/2026	Corporation / Labor Organization name Gary Shanks, MD, PLLC	Amount (\$) 99.00
Date 01/13/2026	Corporation / Labor Organization name Hawner Plastic Surgery Associates, PLLC	Amount (\$) 99.00
Date 01/07/2026	Corporation / Labor Organization name Hospitalist Concepts Consulting, PLLC	Amount (\$) 1,000.00
Date 01/13/2026	Corporation / Labor Organization name Kidney & Hypertension Associates of Dallas	Amount (\$) 1,000.00
Date 01/06/2026	Corporation / Labor Organization name Kirchner Women's Clinic PLLC	Amount (\$) 99.00
Date 01/16/2026	Corporation / Labor Organization name Laredo Arthritis Rheumatology Center, PLLC	Amount (\$) 99.00
Date 12/29/2025	Corporation / Labor Organization name Marvel Eye Center	Amount (\$) 99.00
Date 01/22/2026	Corporation / Labor Organization name Medeval LLC	Amount (\$) 99.00
Date 01/12/2026	Corporation / Labor Organization name Neonatology Consultants of South Texas, P.L.L.C.	Amount (\$) 99.00
Date 01/12/2026	Corporation / Labor Organization name Neonatology Consultants of South Texas, P.L.L.C.	Amount (\$) 99.00
Date 01/06/2026	Corporation / Labor Organization name Optimcurea Renal LLC	Amount (\$) 99.00
Date 12/29/2025	Corporation / Labor Organization name RGV Surgical Associates PLLC	Amount (\$) 99.00
Date 12/30/2025	Corporation / Labor Organization name The North Texas Center for Women's Health	Amount (\$) 99.00

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 2/2 Rpt: 71/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/06/2026	5 Corporation / Labor Organization name Treasure Coast ENT LLC	6 Amount (\$) 99.00

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: 72/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/22/2026	5 Corporation / Labor Organization name Texas Medical Association	6 Amount (\$) 24,391.26

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 1/3 Rpt: 73/76	2	FILER NAME Texas Medical Association Political Action Committee	3	Filer ID (Ethics Commission Filers) 00015658
4	Date 12/31/2025	5	Payee name Bat City Awards and Apparel		
6	Amount (\$) \$2,358.60 <input type="checkbox"/> Expenditure from corporate funds	7	Payee address; City; State; Zip Code 1707 Nueces Street Austin, TX 78701		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TEXPAC Advertising Merchandise		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held	
Date	01/12/2026	Payee name	Bryan Hughes Campaign		
Amount (\$)	\$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address;	City; State; Zip Code P.O. Box 450 Mineola, TX 75773		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bryan Hughes, STATE SENATE 1st TX			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held	
Date	01/12/2026	Payee name	Cole Hefner Campaign		
Amount (\$)	\$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address;	City; State; Zip Code P.O. Box 167 Mount Pleasant, TX 75456		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cole Hefner, STATE HOUSE 5th TX			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 74/76	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/21/2026	5 Payee name Elizabeth Liz" Campos Campaign"	
6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1028 Rigsby San Antonio, TX 78210	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Elizabeth Campos, STATE HOUSE 119th TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Kridel, Russell W. H.	
Amount (\$) \$625.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5622 Buffalo Speedway Houston, TX 77005-2204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunds of Contributions From Individuals
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Kronenberger, Michael B.	
Amount (\$) \$623.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 411 N Washington Ave Ste 7000 Dallas, TX 75246-1791	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunds of Contributions From Individuals
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 75/76	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 01/21/2026	5 Payee name Pat Curry Campaign
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 204 Woodhew Dr. Waco, TX 76712
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pat Curry, STATE HOUSE 56th TX
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2025	Payee name Rao, Vivek U.
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Amount (\$) \$416.68 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7009 Pinecrest Ave Odessa, TX 79765-8947
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunds of Contributions From Individuals
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 76/76
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/31/2025	5 Name of person from whom amount is received AIM Investments	8 Amount (\$) \$1.25
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77001	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/31/2025	Name of person from whom amount is received Bat City Awards and Apparel	Amount (\$) \$2,253.60
	Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer Return of Previously Issued Check for TEXPAC Advertising Merchandise	