

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089821	2 Total pages filed: 18
3 COMMITTEE NAME Physicians for Free Market Healthcare PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 02/23/2026	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1426 Prosper, TX 75078		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Ms. Lena	
	NICKNAME LAST SUFFIX	Pickett	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	2125 Mann Pkwy Celina, TX 75009		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	2125 Mann Pkwy Celina, TX 75009		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	585-9891	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/23/2026		02/21/2026
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input type="checkbox"/> General	<input type="checkbox"/> Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Physicians for Free Market Healthcare PAC	13 Filer ID (Ethics Commission Filers) 00089821
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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 Chris Turner 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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 85,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 85,671.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 61,056.75
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.

Ms. Lena Pickett

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 18

12 COMMITTEE NAME Physicians for Free Market Healthcare PAC		13 Filer ID (Ethics Commission Filers) 00089821
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 Armin Mizani 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 Desi Martinez 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 David Lowe 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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

12 COMMITTEE NAME Physicians for Free Market Healthcare PAC	13 Filer ID (Ethics Commission Filers) 00089821
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Venton Jones State Representative
		B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported
		B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Elizabeth Campos State Representative
		B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported
		B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	

SUBTOTALS - GPAC

17 COMMITTEE NAME Physicians for Free Market Healthcare PAC		18 Filer ID (Ethics Commission Filers) 00089821
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 85,800.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 85,671.10
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 6/18
2 FILER NAME Physicians for Free Market Healthcare PAC		3 Filer ID (Ethics Commission Filers) 00089821
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Sergio <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78251	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Begum, Alex <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bendiks, Jean-Scott <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burch, Mike <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions)
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrus, Tyrell <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 7/18
2 FILER NAME Physicians for Free Market Healthcare PAC		3 Filer ID (Ethics Commission Filers) 00089821
4 Date 02/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Lisa <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78730	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chughtai, Saleem <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna, Marion <hr/> Contributor address; City; State; Zip Code Houston, TX 77081	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EPOM Management LLC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epinoza, Arturo <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 8/18
2 FILER NAME Physicians for Free Market Healthcare PAC		3 Filer ID (Ethics Commission Filers) 00089821
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghaffari, Kamyar <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glaze, Jordan <hr/> Contributor address; City; State; Zip Code Gilmer, TX 75644	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gravely, Janrai <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Jorge <hr/> Contributor address; City; State; Zip Code Coria, TX 78520	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Manuel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 9/18
2 FILER NAME Physicians for Free Market Healthcare PAC		3 Filer ID (Ethics Commission Filers) 00089821
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Trung <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75062	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannes, Jeff <hr/> Contributor address; City; State; Zip Code Mission, TX 78573	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, William <hr/> Contributor address; City; State; Zip Code Houston, TX 77003	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hussain, Kazim <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Indresano, Andrew <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 10/18
2 FILER NAME Physicians for Free Market Healthcare PAC		3 Filer ID (Ethics Commission Filers) 00089821
4 Date 02/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelso, Rhiannon <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75251	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Kenneth <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Roy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Nestor <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Raul <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 11/18
2 FILER NAME Physicians for Free Market Healthcare PAC		3 Filer ID (Ethics Commission Filers) 00089821
4 Date 02/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moghimi, Michael <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connell, Kerry <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paschall, Robert <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Samir <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regalado, Julio <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 12/18
2 FILER NAME Physicians for Free Market Healthcare PAC		3 Filer ID (Ethics Commission Filers) 00089821
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Mario <hr/> 6 Contributor address; City; State; Zip Code Cedar Hill, TX 75104	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Jorge <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78596	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salkinder, Daniel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Jorge <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75051	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starkey, Allen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 13/18
2 FILER NAME Physicians for Free Market Healthcare PAC		3 Filer ID (Ethics Commission Filers) 00089821
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Adam	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Pflugerville, TX 78660	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Vincent	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77036	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Aldon	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Boerne, TX 78006	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witherite, Amy	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75214	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zacharias, John	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75208	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 14/18	2 FILER NAME Physicians for Free Market Healthcare PAC	3 Filer ID (Ethics Commission Filers) 00089821
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4 Date 02/01/2026	5 Payee name Armin Mizani Campaign
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6 Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1225 Main Street, Suite 102 Grapevine, TX 76051
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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 Campaign Contribution
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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 01/30/2026	Payee name Chris Turner Campaign
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Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1497 County Rd 2985 Hughes Springs, TX 75656
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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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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Date 02/06/2026	Payee name David Lowe Campaign
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Amount (\$) \$15,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9017 Cedar Breaks Dr North Richland Hills, TX 76182
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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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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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 15/18	2 FILER NAME Physicians for Free Market Healthcare PAC	3 Filer ID (Ethics Commission Filers) 00089821
4 Date 02/05/2026	5 Payee name Desi Martinez Campaign	
6 Amount (\$) \$20,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 9902 Bernhardt Way San Antonio, TX 78263	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2026	Candidate/Officeholder name Elizabeth "Liz" Campos Campaign	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 12910 Austin, TX 78711	
Office held		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/23/2026	Candidate/Officeholder name Stripe	
Amount (\$) \$180.30 <input type="checkbox"/> Expenditure from corporate funds	Office sought 54 Oyster Point Blvd South San Francisco, CA 94080	
Office held		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 16/18	2 FILER NAME Physicians for Free Market Healthcare PAC	3 Filer ID (Ethics Commission Filers) 00089821
4 Date 01/30/2026	5 Payee name Stripe	
6 Amount (\$) \$148.80 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 54 Oyster Point Blvd South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/02/2026	Candidate/Officeholder name Stripe	
Amount (\$) \$228.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 54 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/04/2026	Candidate/Officeholder name Stripe	
Amount (\$) \$180.30 <input type="checkbox"/> Expenditure from corporate funds	Office sought 54 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 17/18	2 FILER NAME Physicians for Free Market Healthcare PAC	3 Filer ID (Ethics Commission Filers) 00089821
4 Date 02/06/2026	5 Payee name Stripe	
6 Amount (\$) \$47.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 54 Oyster Point Blvd South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2026	Payee name Stripe	
Amount (\$) \$372.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 54 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2026	Payee name Stripe	
Amount (\$) \$619.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 54 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
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: 5/5 Rpt: 18/18	2 FILER NAME Physicians for Free Market Healthcare PAC	3 Filer ID (Ethics Commission Filers) 00089821
4 Date 02/19/2026	5 Payee name Stripe	
6 Amount (\$) \$286.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 54 Oyster Point Blvd South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2026	Payee name Stripe	
Amount (\$) \$1,108.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 54 Oyster Point Blvd South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2026	Payee name Venton for Texas	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 222128 Dallas, TX 75222	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held