

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015658	2 Total pages filed: 51		
3 COMMITTEE NAME Texas Medical Association Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 03/05/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St. Austin, TX 78701				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST			MI
	Mr.	Clayton			
	NICKNAME	LAST	SUFFIX		
		Stewart			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street Austin, TX 78701				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street Austin, TX 78701				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(512)	370-1365			
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input checked="" type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year 01/26/2026		THROUGH	Month Day Year 02/25/2026	

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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 Jamie Haynes 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	\$ 41.59
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 56,678.65
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 180,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 171,467.24
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 Jay Hardaway 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. Suleman Lalani 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. Penny Morales Shaw 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.)	

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. Ken King 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 Matt Authier 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 Lisa McEntire 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.)	

MONTHLY FILING GPAC REPORT: PURPOSE

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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. Daniel Alders 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. Charles Schwertner 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.)	

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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 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.)	

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. Dustin Burrows 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. 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.)	

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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 Brett Ligon 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.)	

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. Stan Kitzman 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. Angelia Orr 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.)	

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12 COMMITTEE NAME Texas Medical Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00015658
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. Will Metcalf 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Mary Ann Perez 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. Trent Ashby 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.)	

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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. Hubert Vo 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. Venton Jones 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. Cody Harris 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.)	

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12 COMMITTEE NAME Texas Medical Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00015658
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. Eddie Morales 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. 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.)	
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. Morgan Meyer 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.)	

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12 COMMITTEE NAME Texas Medical Association Political Action Committee		13 Filer ID (Ethics Commission Filers) 00015658
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. Jeff Leach 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Charlene Ward Johnson 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 Mark Teixeira U.S. Congress- TX 21 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	\$ 30,946.42
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	\$ 795.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 24,937.23
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	\$ 180,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/26 Rpt: 13/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Imtiaz <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459-5319	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) EZ Healthcare
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Bohn D. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012-2727	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andres S. Enriquez, M.D., P.A. <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arce, Alexandra Bernadette <hr/> Contributor address; City; State; Zip Code Garland, TX 75040-6203	Amount of Contribution (\$) \$49.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Spectra Health
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asawa, Ashish <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-7234	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist ENT Specialists - Southside Plac

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/26 Rpt: 14/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bajwa, Kulvinder S.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-3079	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UT Physicians Bariatric Surgery
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, Richard M.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-5110	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Richard M. Barrett MD PA
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Terry Lane	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Midland, TX 79707-9127	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) WesTex Urgent Care PLLC
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethea, Henry L.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77381-5121	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/15/2026	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/26 Rpt: 15/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boatsman, Justin E.	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78209-3702	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyle, Scott J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Leander, TX 78641-4407	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Anesthesiology Group
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boys, Gregory J.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78248-2426	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britten, Jeremy B.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Abilene, TX 79602-8157	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hendrick Provider Network - Orthopedic Surgery
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown-Price, Tonya M.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459-6576	
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: 4/26 Rpt: 16/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Bonnie 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) US Anesthesia Partners
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Stephanie S. Contributor address; City; State; Zip Code Spring, TX 77379-2520	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist OB/GYN Associates - Willowbrook
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bueso, Gerardo Contributor address; City; State; Zip Code Houston, TX 77005-3853	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Endocrine Associates
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier 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 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carey, Albert 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: 5/26 Rpt: 17/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Gregg C.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Humble, TX 77346-4685	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Summerwood Family Clinic
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Phyllis Clara	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bryan, TX 77802-2547	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Texas Digestive Disease Assoc, PA
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charba, Deane Shirlene	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413-6061	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bay Area Kidney Disease Physicians
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chike-Obi, Chuma J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78704-2038	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Office of Dr. Chuma J. Chike-Obi
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Brandon	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78212-2034	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/26 Rpt: 18/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/25/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilton, R. Lee <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78757-8415	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Ally Medical Emergency Centers
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chun, Christopher Sung Jin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7446	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Epic Pain and Orthopedics
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chung, Wendy M. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-2054	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coastal Orthopedics, PA <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooke, Shannon Eugene <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601-3033	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hendrick Provider Network - Orthopedic Surgery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/26 Rpt: 19/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Keith A.	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78249-2080	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalrymple, Neal C.	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Shavano Park, TX 78249-2065	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhatt, Ajinder S.	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Cypress, TX 77429-5154	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cyfair Psychiatry
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doan, Ellis D.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78734-5078	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hospital Internists of Texas
Date 02/15/2026	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/26 Rpt: 20/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drever, Lisa <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75605-7755	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Endocrinology Associates <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601-2435	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Diana <hr/> Contributor address; City; State; Zip Code Horizon City, TX 79928-5419	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) St. Andrew's Family Medicine Clinic
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Carolyn A. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287-4911	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Pediatric Assoc.
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Walter Francis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2348	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Preston Hollow Womens's Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/26 Rpt: 21/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fan, Jennifer N. <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76502-8026	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor Scott & White Health-Central Texas
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fraser, John J. <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676-7684	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MD Medical-Legal Consulting of Texas LLC
Date 02/15/2026	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 (\$) \$15.66
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Obstetric & Gynecologic Association, PA
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, John T. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-8471	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Sports Medicine Specialists
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gratton, James Arthur <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-2198	Amount of Contribution (\$) \$100.00
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: 10/26 Rpt: 22/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimbergen, Andrea Jean <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76502-2077	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor Scott & White Residency Program
Date 02/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Randy J. <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655-3630	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Hillcrest - Baptist Medical C
Date 02/15/2026	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 (\$) \$49.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) St. David's HealthCare
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Healy, Mark Edward <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-5617	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W. <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-7565	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: 11/26 Rpt: 23/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Ken C.	7 Amount of Contribution (\$) \$16.67
6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-1907		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) The Hopper Group-Hopper Health Strategies
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Nephrology Group, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77024-2540		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Nephrology Group, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77024-2540		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Nephrology Group, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77024-2540		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Nephrology Group, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77024-2540		
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: 12/26 Rpt: 24/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Nephrology Group, P.A.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Houston, TX 77024-2540		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/17/2026	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 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Itata, Christina	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77040-5527		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Chauncey T.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Magnolia, TX 77355-1764		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Northwest Anesthesiology & Pain Services
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kazi, Farhana	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code Plano, TX 75093-4207		
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: 13/26 Rpt: 25/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David Tyler <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78045-7174	7 Amount of Contribution (\$) \$16.50
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kratzer, Wendy <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-2321	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruger, Ariel Y. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-8310	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Paraag <hr/> Contributor address; City; State; Zip Code Austin, TX 78739-5641	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) One Medical - Austin
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lakey, David L. <hr/> Contributor address; City; State; Zip Code Austin, TX 78730-3701	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Texas Health System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/26 Rpt: 26/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasics, Brooke E. <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025-2302	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) TCP - Houston Pediatric Associates
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Li-Pelaez, Joanne Raquel <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-2702	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Panda Pediatrics
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lichliter, Warren E. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-1932	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Colon and Rectal Associates PA
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Martha R. <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586-3304	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Martha Lozano, MD
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Travis D. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-4670	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/26 Rpt: 27/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maberry, Stephen D. <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-3545	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Fort Worth Dermatology Associates
Date 01/30/2026	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) Physician		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middlebrook, Michael Rhodes <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257-1306	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moncrieff Garrett, Elen <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701-8661	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monday, Kimberly E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3318	Amount of Contribution (\$) \$208.34
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: 16/26 Rpt: 28/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Richard G. <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77840-2628	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nehemia Hampel, M.D. PA <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77504-1760	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/15/2026	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 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy L. <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355-1836	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Noble Anesthesia Partners
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson Koutrouvelis, Gayle Lynn <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-9365	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB John Sealy School of Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/26 Rpt: 29/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orsi, Michael Dana <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232-2824	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padakandla, Udaya Bhaskar <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-1145	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USAP
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pallan, Pablo Isaac <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256-1666	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parra, Beatriz A. <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180-7848	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Dipan L. <hr/> Contributor address; City; State; Zip Code Shavano Park, TX 78230-5641	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/26 Rpt: 30/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Sneha N. <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75075-1224	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Southwest Rheumatology Research
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearce, Connie <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2626	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/17/2026	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
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Stanley R. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-5722	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USAP - Tyler
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Paul <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2534	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: 19/26 Rpt: 31/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, David P. <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77347-0876	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) David P. Poindexter, MD
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafath I. Qurasishi MD PA <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-5925	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Krishna T. <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-4599	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) USAP
Date 02/17/2026	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
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Priscilla <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-4813	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine - Psychiatry and Behavi

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/26 Rpt: 32/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Melanie Lane <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-1588	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor Scott & White Family Medical Center
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Eldon Stevens <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79493-6685	Amount of Contribution (\$) \$27.28
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Julia I. <hr/> Contributor address; City; State; Zip Code Houston, TX 77069-1116	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist OB/GYN Associates - Willowbrook
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Steven A. <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-7537	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rural Health Soutions, PA <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78460-0426	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: 21/26 Rpt: 33/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satitpunwaycha, Pon	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Clyde Hill, WA 98004-3212	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schilling, Cheri	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015-4122	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selod, Roshan Z.	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-3057	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silhy, Raquel Maria	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Rancho Viejo, TX 78575-9804	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Ezequiel	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209-8307	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/26 Rpt: 34/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Terry L.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Houston, TX 77098-1167	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southerland, Natalia Jo	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code Houston, TX 77044-3529	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Village Medical
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence, Susanna C.	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459-3549	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Diagnostic & Interventional Imagin
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprute, Dana	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78731-5631	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Austin Dell Family Medicine Faculty
Date 02/15/2026	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/26 Rpt: 35/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swart, Jennifer Estelle <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-4629	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) South Texas Radiology Group, P.A.
Date 02/15/2026	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 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Test, Victor J. <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-1441	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Tech University Health Science Center
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thaung, Htin Aung <hr/> Contributor address; City; State; Zip Code Monahans, TX 79756-4799	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ward Memorial Hospital
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thrift, Rollin Louis <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036-1721	Amount of Contribution (\$) \$49.50
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: 24/26 Rpt: 36/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirado, Carlos F.	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Austin, TX 78704-3822	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Carma Health
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valley Women's Specialists, PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanexan, Kenneth S.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404-1848	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinh, Baominh P.	Amount of Contribution (\$) \$211.00
	Contributor address; City; State; Zip Code Houston, TX 77024-4744	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cy-Pain & Spine
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wahid, Nurul Abul	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Oncology - McAllen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/26 Rpt: 37/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Charles A. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230-1966	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Sarah Yue <hr/> Contributor address; City; State; Zip Code Tyler, TX 75702-7522	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Oncology - Tyler
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Michele <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76123-2452	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Kyle <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-1636	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Health Presbyterian Hospital Dallas Resident
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Janeana M. <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77489-3962	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Health Department

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/26 Rpt: 38/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Guy Anthony <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-1827	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Brown & Associates Medical Laboratories, LLP
Date 02/17/2026	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 02/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, J. Stuart <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-0026	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ascension Medical Group - Seton Surgery - Urology
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wongsa, Peggy <hr/> Contributor address; City; State; Zip Code Houston, TX 77043-1724	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kids Clinic At Cy-Fair
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zink, Walter Earl <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4390	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Radiology Group, P.A.

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 39/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/04/2026	5 Corporation / Labor Organization name Advanced Surgeons & Physicians Network Inc	6 Amount (\$) 99.00
Date 01/26/2026	Corporation / Labor Organization name Dona L Casey MD PLLC	Amount (\$) 99.00
Date 01/26/2026	Corporation / Labor Organization name Donna L Casey MD PLLC	Amount (\$) 300.00
Date 02/10/2026	Corporation / Labor Organization name Houston Eye Associates	Amount (\$) 99.00
Date 02/18/2026	Corporation / Labor Organization name Live Oak Counseling Center	Amount (\$) 99.00
Date 02/04/2026	Corporation / Labor Organization name Neighborhood Medical Center	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: 40/51
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/22/2026	5 Corporation / Labor Organization name Texas Medical Association	6 Amount (\$) 24,937.23

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: 1/11 Rpt: 41/51	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/12/2026	5 Payee name Angelia Orr for Texas House	
6 Amount (\$) \$7,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 337 Itasca, TX 76055	
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 Angelia Orr, STATE HOUSE 13th TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2026	Payee name Brett Ligon Campaign	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brett Ligon, STATE SENATE 4th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2026	Payee name Bryan Hughes Campaign	
Amount (\$) \$10,000.00 <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 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: 2/11 Rpt: 42/51	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 02/05/2026	5 Payee name Chris Turner Campaign
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6 Amount (\$) \$7,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 182093 Arlington, TX 76096
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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 Chris Turner, STATE HOUSE 96th TX
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2026	Payee name Cody Harris for State Representative
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 Avenue A. Palestine, TX 75801
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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 Cody Harris, STATE HOUSE 8th TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/18/2026	Payee name Cole Hefner Campaign
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 167 Mount Pleasant, TX 75456
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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 Cole Hefner, STATE HOUSE 5th TX
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Complete ONLY 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: 3/11 Rpt: 43/51	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/18/2026	5 Payee name Daniel Alders For Texas	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 8907 Tyler, TX 75711	
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 Daniel Alders, STATE HOUSE 6th TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2026	Payee name Dr. Lalani for Texas	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 6514 Houston, TX 77265	
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 Suleman Lalani, STATE HOUSE 76th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2026	Payee name Dr. Lalani for Texas	
Amount (\$) \$8,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 6514 Houston, TX 77265	
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 Suleman Lalani, STATE HOUSE 76th TX
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: 4/11 Rpt: 44/51	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/12/2026	5 Payee name Dustin Burrows Campaign	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 6170 Lubbock, TX 79493	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dustin Burrows, STATE HOUSE 83rd TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2026	Payee name Dustin Burrows Campaign	
Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 6170 Lubbock, TX 79493	
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 Dustin Burrows, STATE HOUSE 83rd TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2026	Payee name Eddie Morales Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 352 Hillcrest Blvd. Eagle Pass, TX 78852	
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 Eddie Morales, STATE HOUSE 74th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/11 Rpt: 45/51	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 01/28/2026	5 Payee name Elect Charlene Ward Johnson	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 925775 Houston, TX 77292	
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 Charlene Ward Johnson, STATE HOUSE 139th TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2026	Payee name Elizabeth Liz" Campos Campaign"	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1028 Rigsby San Antonio, TX 78210	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2026	Payee name Hubert Vo Campaign	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2227 Alief, TX 77411	
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 Hubert Vo, STATE HOUSE 149th TX
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: 6/11 Rpt: 46/51	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 02/19/2026	5 Payee name Jamie Haynes for State Representative HD86
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6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7669 Canyon Drive Amarillo, TX 79110
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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 Jamie Haynes, STATE HOUSE 86th 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 02/19/2026	Payee name Jay Hardaway for Texas
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1440 Abilene, TX 79604
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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 Jay Hardaway, STATE HOUSE 71st TX
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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 02/04/2026	Payee name Jeff Leach Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 866186 Plano, TX 75086
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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 Jeff Leach, STATE HOUSE 67th TX
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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: 7/11 Rpt: 47/51	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 02/19/2026	5 Payee name Ken King for State Representative
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6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2416 Locust Canadian, TX 79014
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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 Ken King, STATE HOUSE 88th 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 02/12/2026	Payee name Kitzman for Texas
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Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 553 Pattison, TX 77466
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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 Stan Kitzman, STATE HOUSE 85th TX
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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 02/18/2026	Payee name Lisa For Texas
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Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 909 Radecke Rd Krum, TX 76249
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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 Lisa McEntire, STATE HOUSE 64th TX
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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: 8/11 Rpt: 48/51	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 02/18/2026	5 Payee name Lisa For Texas
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6 Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 909 Radecke Rd Krum, TX 76249
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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 Lisa McEntire, STATE HOUSE 64th 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 02/17/2026	Payee name Mark Teixeira For Congress
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1073 1450 W Hwy 290 Dripping Springs, TX 78620
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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 Mark Teixeira, U.S. HOUSE TX 21
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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 02/12/2026	Payee name Mary Ann Perez Campaign
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Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7007 Gulf Freeway, Suite 125 Houston, TX 77087
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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 Mary Perez, STATE HOUSE 144th TX
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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: 9/11 Rpt: 49/51	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/18/2026	5 Payee name Matt Authier for HD10	
6 Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 151 Waxahachie, TX 75165	
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 Matt Authier, STATE HOUSE 10th TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2026	Payee name Morgan Meyer for Texas House	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3838 Oak Lawn Avenue #400 Dallas, TX 75219	
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 Morgan Meyer, STATE HOUSE 108th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2026	Payee name Penny Shaw Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 925652 Houston, TX 77292	
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 Penny Shaw, STATE HOUSE 148th TX
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: 10/11 Rpt: 50/51	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/18/2026	5 Payee name Texans for Charles Schwertner	
6 Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 2448 Georgetown, TX 78627	
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 Charles Schwertner, STATE SENATE 5th TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2026	Payee name Trent Ashby Campaign	
Amount (\$) \$12,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 412 Lufkin, TX 75902	
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 Trent Ashby, STATE SENATE 3rd TX
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 (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 Griffin St. West Suite 212 Dallas, TX 75215	
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 Venton Jones, STATE HOUSE 100th TX
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: 11/11 Rpt: 51/51	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 02/12/2026	5 Payee name Will Metcalf Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 454 Conroe, TX 77305	
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 Will Metcalf, STATE HOUSE 16th TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held