

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Pharmacy Association PAC	13 Filer ID (Ethics Commission Filers) 00016271
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,359.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 216,205.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

CEO RoxAnn Dominguez
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Pharmacy Association PAC		18 Filer ID (Ethics Commission Filers) 00016271
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,659.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 100.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,600.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/22 Rpt: 4/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/09/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abu-Baker, Asim <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413-6002	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Anisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-7912	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Rabia <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-1548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Christopher <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-6283	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderegg, Samm <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-3409	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/22 Rpt: 5/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Lauren <hr/> 6 Contributor address; City; State; Zip Code Crandall, TX 75114-0420	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bain, Kenneth <hr/> Contributor address; City; State; Zip Code Marshall, TX 75672-1312	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Camille <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-3740	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayer, Adam <hr/> Contributor address; City; State; Zip Code Vernon, TX 76384-3165	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle <hr/> Contributor address; City; State; Zip Code Tatum, TX 75691-3769	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/22 Rpt: 6/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Christy <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401-3537	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boboye, Law <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017-1739	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolden, April <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112-3847	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bueche, Jay <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2927	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bujnoch, Tatiana <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-8121	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/22 Rpt: 7/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buras, Lynde 6 Contributor address; City; State; Zip Code College Station, TX 77845-5560	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capers, Willie Contributor address; City; State; Zip Code Humble, TX 77346-3876	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carruthers Hernandez, Robert Contributor address; City; State; Zip Code Amarillo, TX 79118-1140	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Adrian Contributor address; City; State; Zip Code Harlingen, TX 78552-6232	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lauren Contributor address; City; State; Zip Code Austin, TX 78757-8213	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/22 Rpt: 8/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coomes, Stephen <hr/> 6 Contributor address; City; State; Zip Code Aubrey, TX 76227-5534	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Jeffrey <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259-2603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruse, Brittney <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-6111	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuevas, Johnathan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259-3619	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, William <hr/> Contributor address; City; State; Zip Code Wolfforth, TX 79382-2156	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/22 Rpt: 9/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Dawn <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248-2643	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Martin <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-7503	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dozier, Dawn <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-7210	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driver, Patricia <hr/> Contributor address; City; State; Zip Code Channelview, TX 77530-4559	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Ricardo <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226-1676	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/22 Rpt: 10/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fielder, Marla <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77064-1734	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Daniel <hr/> Contributor address; City; State; Zip Code Rio Hondo, TX 78583-3385	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fry, Wilson <hr/> Contributor address; City; State; Zip Code Manor, TX 78653-3393	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Cassandra <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108-4352	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Marshall <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-4563	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/22 Rpt: 11/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Patricia <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78015-4482	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Aaron <hr/> Contributor address; City; State; Zip Code Andrews, TX 79714-3618	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, Cynthia <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-3602	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Karen <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-3854	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakam, Amer <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-6668	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/22 Rpt: 12/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammad, Mariam <hr/> 6 Contributor address; City; State; Zip Code Port Arthur, TX 77642-6476	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Lee Ann <hr/> Contributor address; City; State; Zip Code Detroit, TX 75436-4500	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Atheia <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469-1118	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrel, Nicholas <hr/> Contributor address; City; State; Zip Code Kingsville, TX 78363-4573	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Mary <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-5288	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/22 Rpt: 13/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 02/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) High, W. Carter	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76244-6648	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang, Hieu	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Houston, TX 77084-6802	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobart, Christopher	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Lubbock, TX 79423-6165	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hong, Daphne	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78728-4020	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michael	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Seabrook, TX 77586-2822	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/22 Rpt: 14/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 02/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humpert, Shelby	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78737-9303		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Derek	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Humble, TX 77346-3714		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Alice	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Austin, TX 78731-2028		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeri	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Katy, TX 77450-5128		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Taryn	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77024-5143		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/22 Rpt: 15/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Stephanie	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Pearland, TX 77581-8835	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Frisco, TX 75034-2646	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Frisco, TX 75034-2646	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandi, Sirisha	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Coppell, TX 75019-5985	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Scott	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76102-7206	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/22 Rpt: 16/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam-Worrall, Lisa <hr/> 6 Contributor address; City; State; Zip Code Saginaw, TX 76131-2911	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Mary <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-8181	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleinschmidt, Anna <hr/> Contributor address; City; State; Zip Code Lexington, TX 78947-4939	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Januari <hr/> Contributor address; City; State; Zip Code Dallas, TX 75211-0487	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lingam, Sravanthi <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-1466	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/22 Rpt: 17/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martins, Bukola	7 Amount of Contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78240-5057		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Fort Worth, TX 76179-1579		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Plano, TX 75093-4529		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcnabb, Benjamin	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Eastland, TX 76448-2536		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millican, Jamie	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Fort Worth, TX 76108-6988		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/22 Rpt: 18/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moussallie, George <hr/> 6 Contributor address; City; State; Zip Code Edgewood, WA 98371-1408	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murhammer, Payal <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-3793	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neigh, Jeffrey <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040-8743	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newsom-Butler, Amy <hr/> Contributor address; City; State; Zip Code Beeville, TX 78104-0940	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christine <hr/> Contributor address; City; State; Zip Code Little Elm, TX 75068-2958	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/22 Rpt: 19/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwosu, Tochi	7 Amount of Contribution (\$) \$4.00
	6 Contributor address; City; State; Zip Code Richmond, TX 77469-5725	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okocha, Chinedu	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Frisco, TX 75034-0063	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Stephanie	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Borger, TX 79008-3282	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Tho	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code Grand Prairie, TX 75054-6846	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Platin, Tracey	Amount of Contribution (\$) \$4.00
	Contributor address; City; State; Zip Code McKinney, TX 75072-5208	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/22 Rpt: 20/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 02/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poloyac, Kristine <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-4893	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Carol <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2611	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeder, Todd <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-2998	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rickert, Melissa <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-3679	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Kay <hr/> Contributor address; City; State; Zip Code Prague, OK 74864-1501	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/22 Rpt: 21/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rinn, Kevin <hr/> 6 Contributor address; City; State; Zip Code Giddings, TX 78942-4304	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarraj, Nada <hr/> Contributor address; City; State; Zip Code Houston, TX 77094-1441	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Kimberly <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-5300	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selby, Kelly <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-4996	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skeeler, William <hr/> Contributor address; City; State; Zip Code Austin, TX 78748-3065	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/22 Rpt: 22/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Yulia <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665-2042	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Scott <hr/> Contributor address; City; State; Zip Code Celina, TX 75009-2825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Jane <hr/> Contributor address; City; State; Zip Code Dallas, TX 75224-3109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbott, Sandra <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478-4009	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, Daniel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204-2386	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/22 Rpt: 23/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Justin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204-2358	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Karlye <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-4456	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tumlinson, Jesica <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640-8729	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valencia, Rebeka <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761-3731	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Julie <hr/> Contributor address; City; State; Zip Code Bentonville, AR 72713-3181	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/22 Rpt: 24/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Charlotte <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75710-1411	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Loynecia <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578-3285	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-6667	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Courtney <hr/> Contributor address; City; State; Zip Code Bullard, TX 75757-8239	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, Thomas <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051-2422	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/22 Rpt: 25/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Annie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77039-4120	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Britney <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-5554	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yakoub, Noha <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-4141	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, Min <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-0117	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 26/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 03/13/2026	5 Corporation / Labor Organization name Del Valle Pharmacy	6 Amount (\$) 50.00
Date 03/23/2026	Corporation / Labor Organization name Las Colinas Pharmacy	Amount (\$) 50.00

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

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 27/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 02/28/2026	5 Corporation / Labor Organization name Texas Pharmacy Association	6 Amount (\$) 1,600.00