

# 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: 68				
3 COMMITTEE NAME Texas Medical Association Political Action Committee			<b>OFFICE USE ONLY</b>				
			Date Received ELECTRONICALLY FILED 04/06/2026				
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St.  Austin, TX 78701		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #			
	Mr.	Clayton		Amount			
	NICKNAME	LAST	SUFFIX	Date Processed			
		Stewart		Date Imaged			
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 checked="" 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 type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	02	26	2026		03	25	2026

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Medical Association Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00015658
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported    Rep. Stan Kitzman    State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 38.22
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 55,275.31
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 14,032.09
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 196,248.84
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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

FORM **MPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Texas Medical Association Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00015658
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Suleman Lalani State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

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

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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Texas Medical Association Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00015658
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Samantha Lopez-Resendez State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Medical Association Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00015658
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,813.69
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 26,461.62
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	\$ 14,032.09
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 10,000.00

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/58 Rpt: 6/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Achilleos, Michael S. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-1172	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alam, Mohammed Bilal <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander, Ryan <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alian, Ali <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75220-3703	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alias, Tony <hr/> Contributor address; City; State; Zip Code  Garland, TX 75043-3715	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/58 Rpt: 7/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/18/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Almond, P. Stephen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418-9302	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Children's Physician Services of South Texas
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andrews, Eric James <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75208-0109	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andrews-Reynolds, Kimberly <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433-4393	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Core Primary Care
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Andring, Brice N. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-4241	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anene, Alvin Uchenna <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-2407	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/58 Rpt: 8/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Angelo, Christopher S. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77478-3369	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anne, Padma <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035-1000	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Appel, Noah B. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248-3835	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aronson, Stuart A. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-3227	Amount of Contribution (\$)  \$49.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ashton, Daniel J. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126-6119	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/58 Rpt: 9/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Attaluri, Pavan K. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-3011	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates - Fort Worth
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aznavorian-Bentley, Gail Elizabeth <hr/> Contributor address; City; State; Zip Code  Fairview, TX 75069-8788	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bacchus, Joanne N. <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605-4720	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bacchus & Vaughan Neurology Associates, LLP
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bageac, Alexandru Cristian <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034-3939	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barr, Patrick William <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75036-6585	Amount of Contribution (\$)  \$55.44
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/58 Rpt: 10/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bathurst, Gregory Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Becker, Justin Matthew <hr/> Contributor address; City; State; Zip Code  Blossom, TX 75416-3537	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bhuchar, Subodh Kumar <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479-3909	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sugarland Med Ped Clinic, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blanch, Robert Marsden <hr/> Contributor address; City; State; Zip Code  Van Alstyne, TX 75495-4461	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bodiwala, Ravi K. <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-1324	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/58 Rpt: 11/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boehm, Henry J.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Waco, TX 76710-7208	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boolchand, Jayant	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Alpharetta, GA 30022-8236	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boothe, Ethan Kenneth	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75229-2947	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boren, Bryant C.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76132-1112	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bosemani, Thangamadhan	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Southlake, TX 76092-1332	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/58 Rpt: 12/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowman, Rodney Russell <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75209-6024	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradford, Ako D. <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79119-6415	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Amarillo Medical Specialists LLP
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Breech, Lisa <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904-1102	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bressler, Robert K. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205-4336	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Britten, Jennifer <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79602-8157	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/58 Rpt: 13/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Arlette G. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459-2432	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Kelsey-Seybold Clinic
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown-Nembhard, Tonya Renee <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706-3021	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Beaumont Pediatric Center PLLC
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brykerwood Skin & Vein Center <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-6406	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bundy, Scott Alan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205-3246	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burgess, Robert L. <hr/> Contributor address; City; State; Zip Code  Waco, TX 76710-1723	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/58 Rpt: 14/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler, Ray Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-4726	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caldwell, Jason Christopher <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231-4620	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Callahan, Brandon Robert <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034-4835	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardenas, Carlos Javier <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501-3735	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Gastroenterology
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carey, Albert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-1774	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dynamic Pain Care

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/58 Rpt: 15/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Adam W.	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-3750		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudry, Shoeb Rafiq	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Lee W.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Flower Mound, TX 75022-4949		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Ying	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Keller, TX 76248-1203		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhaya, Samir Amit Ushakant	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75287-7524		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/58 Rpt: 16/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chike-Obi, Chuma J.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704-2038	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Office of Dr. Chuma J. Chike-Obi
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chilcoat, Jill C.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4428	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chilcoat, R. Gray	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4428	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chuang, Alex Tzu-Yueh	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75230-3106	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chuang, Wendy T.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Southlake, TX 76092-1330	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/58 Rpt: 17/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/17/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chun, Christopher Sung Jin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75244-7446	<b>7</b> Amount of Contribution (\$)  \$208.34
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Epic Pain and Orthopedics
Date 03/15/2026	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 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Comay, Matthew A. <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051-3110	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conrad, Jason Albert <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065-5651	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crandall, Benjamin Merrick <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/58 Rpt: 18/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crowhurst, Brian R. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225-4528	<b>7</b> Amount of Contribution (\$)  \$74.25
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crum, Charles D. <hr/> Contributor address; City; State; Zip Code  Whitehouse, TX 75791-8315	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crumb, Charles K. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77074	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cushman, Walter Harry <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424-0722	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David, James K. <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-1367	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/58 Rpt: 19/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeQuesada, Ivan Manuel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Atlanta, GA 30316-3818	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Desai, Alap <hr/> Contributor address; City; State; Zip Code  Vero Beach, FL 32966-2382	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Desai, Neal Ashok <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dobie, William L. <hr/> Contributor address; City; State; Zip Code  Mc Gregor, TX 76657-4149	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donepudi, Jyotsna <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034-5522	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/58 Rpt: 20/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dossett, Lucy McCauley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Roanoke, TX 76262-0619	<b>7</b> Amount of Contribution (\$)  \$16.50
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Du, Tuan Q. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Sandra <hr/> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-3709	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyke, Allen S. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eckert, Scott F. <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-5807	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/58 Rpt: 21/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eickenhorst, Daniel R.	<b>7</b> Amount of Contribution (\$) \$99.00
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-3411	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Christian Edward	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Rancho Viejo, TX 78575-9502	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Star Physicians
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriquez, Jose Luis	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Tyler, TX 75703-9566	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Diana	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code  Horizon City, TX 79928-5419	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) St. Andrew's Family Medicine Clinic
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Carolyn A.	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code  Dallas, TX 75287-4911	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Pediatric Assoc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/58 Rpt: 22/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, John P. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76126-1906	<b>7</b> Amount of Contribution (\$)  \$74.25
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evans, Lauren Deann <hr/> Contributor address; City; State; Zip Code  Westlake, TX 76262-7417	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fierke, Shelby R. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-3823	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fiesta, Matthew P. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-1726	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fite, Jordan Kent <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605-7573	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/58 Rpt: 23/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Froberg, P. Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Colleyville, TX 76034-8800	<b>7</b> Amount of Contribution (\$)  \$74.25
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuhrmann, Cletus John <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201-2547	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gajera, Prakash G. <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-7605	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galante, Nicholas Joseph <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia-Soto, Arlene E. <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093-1620	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Oncology - Plano Prestonwood

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/58 Rpt: 24/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geppert, Stephen Jeffrey	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerstle, Ronald J.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76132-3757		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giles, Brian P.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75214-1658		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gill, John T.	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code  Dallas, TX 75254-8471		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Sports Medicine Specialists
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goertz, Rosemary	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code  Woodway, TX 76712-8487		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/58 Rpt: 25/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gongidi, Preetam	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-1017		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gouvion, Michael David	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Lubbock, TX 79423-6326		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Timothy Eugene	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Longview, TX 75604-0603		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) East Texas Radiology Consultants
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, John H.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75205-3613		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, William Michael	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Colleyville, TX 76034-7720		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/58 Rpt: 26/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gupton, Theodore B.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-1191	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall, Jeremy T.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75063-4498	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall, Katherine Shelley	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75230-2219	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamilton, Clint D.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75219-4437	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammett, Bradley Kyle	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sherman, TX 75091-0340	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/58 Rpt: 27/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammons, Douglas E.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Mansfield, TX 76063-2691	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanrahan, Corey	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lubbock, TX 79407-5513	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hansen, Robert H.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78628-2708	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ascension Medical Group
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hardee, Kianne	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Longview, TX 75601-5580	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harr, Craig A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Aledo, TX 76008-4582	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/58 Rpt: 28/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heasley, David Cressler <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5732	<b>7</b> Amount of Contribution (\$)  \$74.25
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hecker, Stella Tayzon <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-3218	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Diabetes and Endocrine Associates
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herrscher, Richard Forrest <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229-6129	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allergy Immunology and Respiratory Care P.A.
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hinds, Derek Dewayne <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77701-4606	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baptist Physician Network
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoang, Kevin Vu Anh <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/58 Rpt: 29/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hobbs, George P. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Colleyville, TX 76034-7651	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/17/2026	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
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horstman, William G. <hr/> Contributor address; City; State; Zip Code  Silverthorne, CO 80497-4058	Amount of Contribution (\$)  \$59.40
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houston Eye Associates <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025-1697	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huff, Joshua Andrew <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2411	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/58 Rpt: 30/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/17/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Humphreys, James Loyd <hr/> <b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78023-4492	<b>7</b> Amount of Contribution (\$)  \$208.34
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Precision Pathology
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hussain, Saad Mohammad <hr/> Contributor address; City; State; Zip Code  Denison, TX 75020-7351	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi
Date 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutton, Jill C. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025-2409	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hormonal Well-Being PLLC
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hyde, Matthew Ryan <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hyman, Benjamin <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-7047	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/58 Rpt: 31/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Iyamu, Ikponmwosa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-7125	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jancowski, Luis A. <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75033-2666	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jaster, Adam W. <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051-7174	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jeelani, Faraz <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038-1470	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jen, Serena S J <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225-8160	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/58 Rpt: 32/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jensen, Richard A. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2634	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kanamalla, Uday S. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-1814	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kayser, Scott William <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248-8489	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kazi, Farhana <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093-4207	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelley, Alexander Franklin <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605-7564	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/58 Rpt: 33/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kendrick, Matthew L.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Woodway, TX 76712-7907	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ketkar, Manoj Arvind	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Plano, TX 75025-7012	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khanna, Nishanth	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Falls Church, VA 22042-1813	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kilgore, David P.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75209-1906	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, David Tyler	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Laredo, TX 78045-7174	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/58 Rpt: 34/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/01/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirby, Emily Jane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008-4640	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirby, Matthew W. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-2641	Amount of Contribution (\$)  \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kogan, James B. <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-9423	Amount of Contribution (\$)  \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuenstler, Kristi M. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76108-9202	Amount of Contribution (\$)  \$66.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lakhoo, Janesh <hr/> Contributor address; City; State; Zip Code  Austin, TX 78758-0073	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Radiological Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/58 Rpt: 35/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LeBlanc, Raymond Andrew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703-5747	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leeson, Ben Albert <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413-2718	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Christus Spohn Hospital
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leifer, David Marc <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248-7911	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leihgeber, Timothy J. <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-0670	Amount of Contribution (\$)  \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lin, Scott Feh-tsang <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75081-5174	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/58 Rpt: 36/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lines, Polly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78738-5599	<b>7</b> Amount of Contribution (\$)  \$48.00
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Business Owner
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Llave, Alfred D. <hr/> Contributor address; City; State; Zip Code  Whitehouse, TX 75791-8203	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lobo, Stephen Melvyn <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-3545	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Arsenio Gregorio <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912-6301	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Oncology - El Paso Cancer Treatment Cancer G
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Victor Omar <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-3337	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 32/58 Rpt: 37/68
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 03/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, James David	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code  Longview, TX 75604-0605	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, W. Bruce	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76110-1017	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macha, Douglas B.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Tyler, TX 75703-0905	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Makeeva, Valeria	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Birmingham, AL 35215	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannel, George Sterling	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code  Seguin, TX 78155-0993	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/58 Rpt: 38/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/03/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maurer, Sue	<b>7</b> Amount of Contribution (\$) \$55.00
<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412-3824		
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Business Owner
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McAfee, Lawrence Rush	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Canyon, TX 79015-1711		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McAuley, Michael F.	Amount of Contribution (\$) \$85.14
Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4579		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCaslin, Justin M.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Tyler, TX 75703-1279		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCrary, Kevin Wayne	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Longview, TX 75605-7705		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/58 Rpt: 39/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCrary, Michael W. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2128	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKee, Teresa Louise <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633-5708	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyer, B. Christoph <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-7010	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Orthopedics & Sports Medicine -
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Carl Norman <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) East Texas Radiology Consultants
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Jon Matthew <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248-0266	Amount of Contribution (\$)  \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/58 Rpt: 40/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Curtis Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moate, Michelle E. <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-4525	Amount of Contribution (\$)  \$66.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/17/2026	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
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monga, Ashish G. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-5051	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monrreal, Yehudi A. <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902-1206	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/58 Rpt: 41/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/03/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Elizabeth G. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75205-2933	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Business Owner
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Darrin R. <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628-6922	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moustafa, Amr Soliman <hr/> Contributor address; City; State; Zip Code  Allen, TX 75002-6249	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nawgiri, Ranjana Surendra <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77551-1572	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Texas Medical Branch
Date 03/15/2026	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/58 Rpt: 42/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Niehus, Joe Lawrence <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sherman, TX 75090-5243	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/17/2026	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 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oliver, Qian Zhou <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Osuchukwu, George Amechi <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904-3392	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Victoria Kidney & Dialysis
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pacheco Torres, Ricardo Alberto <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78526-2836	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Brownsville Community Health Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/58 Rpt: 43/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Page, Christine E. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229-3806	<b>7</b> Amount of Contribution (\$)  \$65.34
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pak, James P. <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024-7450	Amount of Contribution (\$)  \$66.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Papasozomenos, Harry <hr/> Contributor address; City; State; Zip Code  Houston, TX 77071-1805	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Pulin Piyush <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701-1832	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bryan Radiology Associates
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pearse, Lee Ann <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75244-7703	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatric Cardiologists of N TX

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/58 Rpt: 44/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Penney, Michael William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ave Maria, FL 34142-5421	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pepin, Eric William <hr/> Contributor address; City; State; Zip Code  Farmers Branch, TX 75234-5201	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pettibon, Keith D. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2945	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phelps, Charles Ray <hr/> Contributor address; City; State; Zip Code  Denison, TX 75020-0605	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phelps, David R. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126-5151	Amount of Contribution (\$)  \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/58 Rpt: 45/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pilat, Martin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092-5806	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pinho, Daniella F. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75234-6316	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poe, Greg Scott <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79407-5713	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poindexter, David P. <hr/> Contributor address; City; State; Zip Code  Humble, TX 77347-0876	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David P. Poindexter, MD
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pond, Jason B. <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248-1436	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/58 Rpt: 46/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prater, Adam <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	<b>7</b> Amount of Contribution (\$) \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price, Stephen B. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78722-2218	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Radiological Association
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prokell, Peter J. <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008-5817	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pudu, Sridhar <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-1706	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Putegnat, B. Burton <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2506	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/58 Rpt: 47/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quadeer, A. Rahman <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	<b>7</b> Amount of Contribution (\$)  \$74.25
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quiroz, Benjamin R. <hr/> Contributor address; City; State; Zip Code  Plano, TX 75025-2439	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Qureshi, Jawad Mahmood <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-3123	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez, Justin M. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206-7150	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rao, Vivek U. <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79765-8947	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/58 Rpt: 48/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reading, David Wesley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092-3921	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeb, Robert J. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-3570	Amount of Contribution (\$)  \$66.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reese, William G. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110-3113	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly, Conor B. <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093-4317	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reuter, Robert H. <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-0906	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/58 Rpt: 49/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/05/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richardson, Blakely S.	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-1909		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Revelus Dermatology
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riepe, David B.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Tyler, TX 75703-0811		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Risinger, David Owen	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Waco, TX 76710-1633		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera-Opio, Norma M.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Splendora, TX 77372-3003		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Airline Complete Health Care
Date 03/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivero, Maria T.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Friendswood, TX 77546-7300		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/58 Rpt: 50/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Eldon Stevens <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79493-6685	<b>7</b> Amount of Contribution (\$)  \$27.28
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 03/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ronald R. Baden, MD PA <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) 
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sacks, Justin Decker <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-6085	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Health NE
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanchez, Robert B. <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-0324	Amount of Contribution (\$)  \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schaiberger, Gregory <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/58 Rpt: 51/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schmidt, Susan E.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-4841	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schniederjan, Joseph P.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79124-5701	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schoppe, Kurt A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Grapevine, TX 76051-1104	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schultz, Gregory A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75703-0101	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schultz, Joseph Alan	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Longview, TX 75601-4649	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/58 Rpt: 52/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schultz, Steven M.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2521	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sensarma, Anirban	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76107-5764	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shahin, Islam Aly	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75038-5956	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sharatz, Steven Matthew	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Saint Cloud, FL 34771-8770	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shin, Julia Joohee	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78733-3270	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/58 Rpt: 53/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Short, Kevin A. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703-3892	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simmons, Gary Edward <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424-5100	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singh, Digvijay Pratap <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75244-7440	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singh, Kanwar P. <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063-3538	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singh, Ramandeep <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024-7589	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/58 Rpt: 54/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Skor, Irene	<b>7</b> Amount of Contribution (\$) \$55.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77069-1792		
<b>8</b> Principal occupation / Job title (See Instructions) TMAA President 2000-2001		<b>9</b> Employer (See Instructions) Business Owner
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Scott G.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76108-9613		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, William C.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Dallas, TX 75235-8731		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sohner, Mark Thomas	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Richardson, TX 75080-3705		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sory, William Crysop	Amount of Contribution (\$) \$74.25
Contributor address; City; State; Zip Code  Dallas, TX 75209-3523		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/58 Rpt: 55/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/05/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sotelo, Oscar <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504-9560	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self Employed
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Southerland, Natalia Jo <hr/> Contributor address; City; State; Zip Code  Houston, TX 77044-3529	Amount of Contribution (\$)  \$16.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Village Medical
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spindle, Preston K. <hr/> Contributor address; City; State; Zip Code  Denison, TX 75020-2668	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas - Sherman Regi
Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sra, Karan P. K. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-7008	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Dermatology
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stuart, Betty <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-1251	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/58 Rpt: 56/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tesfa, Ganana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75063-8413	<b>7</b> Amount of Contribution (\$)  \$16.50
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Neurology Associates of Arlington, PA
Date 03/15/2026	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
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tindall, B. Shane <hr/> Contributor address; City; State; Zip Code  Caldwell, TX 77836-8385	Amount of Contribution (\$)  \$74.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toliyat, Mohammad A. <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013-8520	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trapnell, Kristen Penny <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126-1931	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/58 Rpt: 57/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/03/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vance, Awais Zafar <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502-5452	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Baylor Scott & White Health-Central Texas
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vital, Carlos J. <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546-4179	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Vital Allergy and Asthma Center
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wachsmann, Jason W. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206-5819	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wajid, Haq <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walkiewicz, Thomas W. <hr/> Contributor address; City; State; Zip Code  Plano, TX 75075-0015	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/58 Rpt: 58/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warshauer, William Louis	<b>7</b> Amount of Contribution (\$) \$99.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75238-3300		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watson, Blake A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Tyler, TX 75703-8234		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watts, David C.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4465		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Webb, Nathan	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Arlington, TX 76012-5668		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wei, Stephen	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code  Renton, WA 98056-2186		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/58 Rpt: 59/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weissmann, Eric N. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703-7034	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Tyler Radiology Associates, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weissmann, Robert C. <hr/> Contributor address; City; State; Zip Code  Whitehouse, TX 75791-8311	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tyler Radiology Associates, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wenzel, Jeffrey Scott <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254-9112	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wheeler, Edward <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77551-4924	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wheeler, Paul D. <hr/> Contributor address; City; State; Zip Code  Sherman, TX 75092-4634	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/58 Rpt: 60/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Janeana M.	<b>7</b> Amount of Contribution (\$)  \$16.50
<b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77489-3962		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Houston Health Department
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Kenneth K.	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Lubbock, TX 79416-4715		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) White, Thomas Brian	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Woodway, TX 76712-8883		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitlow, Warren D.	Amount of Contribution (\$)  \$74.25
Contributor address; City; State; Zip Code  Dallas, TX 75230-3632		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Benecia Tracee	Amount of Contribution (\$)  \$99.00
Contributor address; City; State; Zip Code  Arlington, TX 76017-6111		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Physical Medicine and Rehabilitation - Fort Worth

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/58 Rpt: 61/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, David Keith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424-5604	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Jonathan M. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-7903	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/17/2026	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 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Vernon F. <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76005-1148	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willig, Donald Scott <hr/> Contributor address; City; State; Zip Code  Spring, TX 77380-3995	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/58 Rpt: 62/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/04/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Benjamin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$99.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wise, David A. <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010-3238	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wortley, Phillip G. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205-2933	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yaquinto, James J. <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76015-1900	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yoo, John S. <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-1368	Amount of Contribution (\$)  \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/58 Rpt: 63/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/17/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701-7651	<b>7</b> Amount of Contribution (\$)  \$55.00
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Business Owner
<b>Date</b> 03/04/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yount, Mitchell Lee <hr/> <b>Contributor address; City; State; Zip Code</b>  Plano, TX 75094-3859	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Radiology Associates of North Texas, PA
<b>Date</b> 03/04/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zonozy, Auzhand Y. <hr/> <b>Contributor address; City; State; Zip Code</b>  Irving, TX 75063-3534	<b>Amount of Contribution (\$)</b>  \$99.00
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Radiology Associates of North Texas, PA

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

**SCHEDULE C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 64/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 03/22/2026	<b>5</b> Corporation / Labor Organization name Texas Medical Association	<b>6</b> Amount (\$) 26,461.62

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 65/68	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/28/2026	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$619.25  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1600  San Antonio, TX 78296-1600	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Supplies/Stationery	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/24/2026	Payee name Jackson, Robert E.	
Amount (\$) \$445.51  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7505 Morningside Dr  Houston, TX 77030-3619	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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/076 InKind Contribution For Fundraising Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2026	Payee name Kitzman for Texas	
Amount (\$) \$10,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 553  Pattison, TX 77466	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Kitman, STATE HOUSE 85th 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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 66/68	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 03/25/2026	<b>5</b> Payee name Samantha for Texas
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<b>6</b> Amount (\$) \$1,500.00	<b>7</b> Payee address; City; State; Zip Code 12833 Withers Way  Austin, TX 78727
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Samantha Lopez-Resendez, STATE HOUSE 50th TX
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/24/2026	Payee name Silva, Ezequiel
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Amount (\$) \$597.31	Payee address; City; State; Zip Code 3 Sheffield Park Dr  San Antonio, TX 78209-8307
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> <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/119 InKind Reimbursement For Fundraising Event
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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 03/24/2026	Payee name Texas Medical Assoc
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Amount (\$) \$392.51	Payee address; City; State; Zip Code 401 W. 15th Street  Austin, TX 78701
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> <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/096 Lunch for Campaign Staff to Support Chris Turner For House
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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  | 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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 67/68	<b>2</b> FILER NAME Texas Medical Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015658
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<b>4</b> Date 03/24/2026	<b>5</b> Payee name Texas Medical Assoc
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<b>6</b> Amount (\$) \$126.25  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 401 W. 15th Street  Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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/119 Food for Campaign Staff to Support Liz Campos For House
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/24/2026	Payee name Texas Medical Assoc
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Amount (\$) \$351.26  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 W. 15th Street  Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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/076 InKind For Fundraising Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 68/68
<b>2</b> FILER NAME Texas Medical Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015658
<b>4</b> Date 02/26/2026	<b>5</b> Name of person from whom amount is received Kitzman for Texas	<b>8</b> Amount (\$) \$10,000.00
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Pattinson, TX 77466	
	<b>7</b> Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer returned contribution that was reported during the previous period	