## GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00062672	2 Total pages filed: 41		
3	COMMITTEE NAME		•	OFFICE USE ONLY		
	DOCPAC of Texas	5		Date Received		
				ELECTRONICALLY FILED		
				07/10/2023		
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; STATE; ZIP CODE			
		185 Greenwood Rd.		Date Hand-delivered or Date Postmarked		
	Change of Address					
		Napa, CA 94558-0900		Receipt # Amount		
				Date Processed		
				Date Imaged		
-	CAMDAICN	MS/MRS/MR FIRST		MI		
5	CAMPAIGN TREASURER			1411		
	NAME	Ms. Elizabeth				
		NICKNAME LAST		SUFFIX		
		Healy				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE		
ľ	TREASURER	185 Greenwood Rd.	AFT/SUILE#, CITT,	STATE, ZIF CODE		
	STREET					
	ADDRESS					
	(Residence or Business)	Napa, CA 94558-0900				
7		STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE		
	TREASURER MAILING	185 Greenwood Rd.				
	ADDRESS					
	Change of Address	Napa, CA 94558-0900				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
ľ	TREASURER	(707) 226-0413				
	PHONE	(101) 220-0413				
9	REPORT					
ľ	ТҮРЕ	January 15 30	)th day before election	Dissolution (Attach PAC-DR)		
			h day before election	10th day after campaign treasurer termination		
		X July 15	unoff	termination		
_	252125					
10	PERIOD COVERED	Month Day Year	Month Day	Year		
		01/01/2023 TH	IROUGH 06/30/2023	5		
11	ELECTION	ELECTION DATE	ELECTION TYPE			
**				Other		
			General Special			
	GO TO PAGE 2					
Foi	ms provided by Tex	xas Ethics Commission www.et	hics.state.tx.us	Version V3.5.1.a18ea2ca		

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)			
DOCPAC of Texas			00062672	, , , , , , , , , , , , , , , , , , , ,			
14 COMMITTEE	1. Candidates	A. Supported					
ACTIVITY	(Identify by name or, if applicable, classify by party.)						
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	<ol> <li>Officeholders Assisted</li> </ol>						
	(Identify by name or, if applicable, classify by party.)						
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	70.84			
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	9,480.58			
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		9,400.30			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00			
	4. TOTAL POLITICA	L EXPENDITURES	\$	542.33			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	134,369.78			
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	HE \$	0.00			
16 AFFIDAVIT	•						
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.					
		Ms. Eliza	beth Healy				
		Signature of Car	npaign Treas	urer			
AFFIX NOTARY	AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed	before me, by the said	, tł	nis the	day			
of	of, 20, to certify which, witness my hand and seal of office.						
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of offi	cer administering oath			
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca			

SUBTOTALS - GPAC					FORM GPAC		
					3 of 41		
17 COM DOC		EE NAME of Texas	18 Filer ID 00062672	(Ethi	cs Commission Filers)		
19 SCHE NAME			SUBTOTAL AMOUNT				
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,480.58		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$			
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$			
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$			
9.		SCHEDULE E: LOANS		\$			
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	542.33		
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1,916.37		

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/33 Rpt: 4/41		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	04/25/2023	Abou-Kayyas, Yousef (Dr.)			· · · · · · · · · · · · · · · · · · ·	\$200.00
	0-120,2020	6 Contributor address; City; State; Zip Code				Ψ200.00
		Mesquite, TX 75149-1792				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Doctor		Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	02/13/2023	Abreu-Lawrence, Charity (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Mission, TX 78572-4529				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor	1	Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/10/2023	Abreu-Lawrence, Charity (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Mission, TX 78572-4529				
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/09/2023	Alexander, Thomas (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Arlington, TX 76015-8314	-			
	•	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/21/2023	Alkudmani, Hania (Dr.)				\$16.67
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78217-3431	-			
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor		Self-Employed			
Γ						

SCHEDULE A	1\
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/33 Rpt: 5/41	
2	FILER NAME		1	3	Filer ID (Ethics Commission	Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/21/2023	Alkudmani, Hania (Dr.)	,			\$16.67
	00,2	6 Contributor address; City; State; Zip Code		•		<b>T</b>
		Contributor address, City, State, Zip Code				
		San Antonio, TX 78217-3431				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor	1	Self-Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	01/10/2023	Aponte, Miriam (Dr.)	,		· · · · · · · · · · · · · · · · · · ·	\$50.00
	01/10/2020			•		Ψ00.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77096-4224				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor		Self-Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Π	Amount of Contribution (\$)	
	04/11/2023		/			\$50.00
	04/11/2020					Φ00.00
		Contributor address; City; State; Zip Code				
		Houston TV 77006 4224				
┡	Deireirel eeu	Houston, TX 77096-4224				
	•	upation / Job title (See Instructions)	Employer (See Instructions	3)		
L	Doctor		Self-Employed	—		
	Date	Full name of contributor out-of-state PAC (ID#:	)	]	Amount of Contribution (\$)	
	01/31/2023	Ayyash, Noora (Dr.)				\$12.50
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78212-2907				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor	1	Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	04/11/2023	Ayyash, Noora (Dr.)				\$12.50
				•		
		Contributor address, City, State, Zip Code				
		San Antonio, TX 78212-2907				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor	1	Self-Employed			
⊢			<u> </u>			

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/33 Rpt: 6/41	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
DOCPAC of	Texas			00062672	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
02/13/2023	Barahona, Jose (Dr.)				\$50.00
0_,_0,_0_0	6 Contributor address; City; State; Zip Code				+00100
	Contributor address, City, State, Zip Code				
	El Paso, TX 79925-7941				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
Doctor		Self-Employed	,		
			<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>#40 F0</b>
03/14/2023	Beaber, Willliam (Dr.)				\$12.50
	Contributor address; City; State; Zip Code				
	Heath, TX 75032-8875	<b>I</b>			
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Doctor		Self-Employed			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
06/14/2023	Beaber, Willliam (Dr.)				\$12.50
	Contributor address; City; State; Zip Code		1		
	Heath, TX 75032-8875				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Doctor		Self-Employed			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
03/14/2023	Bhayani, Nikhil (Dr.)	,			\$200.00
	Contributor address; City; State; Zip Code				
	Colleyville, TX 76034-6317				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
Doctor		Self-Employed			
Date	Full name of contributor out-of-state PAC (ID#:_	) )	<u> </u>	Amount of Contribution (\$)	
05/10/2023	Biggers, Jeffrey (Dr.)	)			\$200.00
03/10/2023					φ200.00
	Contributor address; City; State; Zip Code				
	Mesquite, TX 75149-1771				
Dringingl accord		Employor (Soc Instructions	<u> </u>		
Doctor	pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	)		
		Seli-Lilipioyeu			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 4/33 Rpt: 7/41		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/04/2023	Blood, Jamon (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code				
		Flint, TX 75762-3809				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor		Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/14/2023	Blood, Jamon (Dr.)				\$50.00
	Contributor address; City; State; Zip Code					
		Flint, TX 75762-3809				
Γ		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/14/2023	Blood, Jamon (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
L		Flint, TX 75762-3809				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Doctor		Self-Employed			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/10/2023	Bogdan, Michael (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
$\vdash$		Grapevine, TX 76051-8001		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	_
	06/02/2023	Bogdan, Michael (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Grapevine, TX 76051-8001		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Doctor		Self-Employed			

### SCHEDULE A1

	The Instruc	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 5/33 Rpt: 8/41	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	05/19/2023	Bruce, Lena (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Santa Fe, TX 77510-7608				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor		Self-Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/03/2023	Byington, Henry				\$200.00
				1		
		Crandall, TX 75114				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	01/03/2023	Campbell, Kelly (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78723-3500				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/31/2023	Cardona, Emilio (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77030-4523				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/31/2023	Casavantes, Rene (Dr.)				\$12.50
		Contributor address; City; State; Zip Code		1		
		El Paso, TX 79902-4360				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
Í						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/33 Rpt: 9/41	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	04/20/2023	Casavantes, Rene (Dr.)				\$12.50
		6 Contributor address; City; State; Zip Code				
		El Paso, TX 79902-4360				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	<b>.</b>		
	Doctor		Self-Employed			
⊢	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/20/2023	Casavantes, Rene (Dr.)				\$12.50
	• • • • • • •	Contributor address; City; State; Zip Code				Ŧ
		El Paso, TX 79902-4360				
$\vdash$	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Doctor		Self-Employed			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/08/2023	Cavazos, Javen (Dr.)	/		Allount of Contribution (+)	\$50.00
	02,00,2022					400.02
		Continuation address, City, State, Lip Code				
		San Antonio, TX 78255-1041				
$\vdash$	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor	· · · ·	Self-Employed			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )		Amount of Contribution (\$)	
	05/09/2023	Cavazos, Javen (Dr.)	/		Allount of Contingenent (+)	\$50.00
	00/00/2020	Contributor address; City; State; Zip Code				Ψ <b>00</b> .00
		Continuation address, City, State, Lip Code				
		San Antonio, TX 78255-1041				
$\vdash$	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Doctor		Self-Employed	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	01/18/2023	Cervantes, Cecilia (Dr.)	/			\$50.00
	01/10/2020					Ψ00.00
		Continuation address, City, State, Zip Code				
		Austin, TX 78727-5753				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor		Self-Employed	,		
⊢						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 7/33 Rpt: 10/41	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (II	)	7	Amount of Contribution (\$)	
	04/17/2023	Cervantes, Cecilia (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Austin, TX 78727-5753		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	06/21/2023	Chanana, Nitin (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Southlake TV 76002 5009				
$\vdash$	Dringingl goog	Southlake, TX 76092-5908	Employer (Soo Instruction			
	Principal occu Doctor	pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	S)		
				-		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	±100.00
	03/01/2023	Chanana, Nitin (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Southlake, TX 76092-5908				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L s)		
	Doctor		Self-Employed	ς,		
╞	Date	Full name of contributor out-of-state PAC (II		Т	Amount of Contribution (\$)	
	05/17/2023	Cline, Mark (Dr.)	D#:			\$150.00
	00/11/2020	Contributor address; City; State; Zip Code				Ψ100.00
		Contributor address, City, State, Zip Code				
		Nacogdoches, TX 75965-1608				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor	•	Self-Employed			
	Date	Full name of contributor out-of-state PAC (II	 D# <sup>.</sup> )	Т	Amount of Contribution (\$)	
	02/10/2023	Clinton, Brian (Dr.)	υπ,		Amount of Contraction (1)	\$50.00
		Contributor address; City; State; Zip Code		·		
		Temple, TX 76502-3356				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Doctor		Self-Employed			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/33 Rpt: 11/41	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	DOCPAC of				00062672	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/15/2023	Clinton, Brian (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Temple, TX 76502-3356	1			
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor		Self-Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/14/2023					\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759-7136				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ג)		
	Doctor		Self-Employed	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_		Г	Amount of Contribution (\$)	
	03/09/2023	Deshmukh, Shweta	/		Allount of Contribution (+)	\$12.50
	00,00,2022	Contributor address; City; State; Zip Code				<b>~1</b>
		Pearland, TX 77584-7418				
Γ		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/08/2023	Deshmukh, Shweta				\$12.50
		Contributor address; City; State; Zip Code		1		
		Decrined TV 77504 7410				
$\vdash$	Dringing occu	Pearland, TX 77584-7418 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor		Self-Employed	5)		
╞				г		
	Date 03/28/2023	Full name of contributor out-of-state PAC (ID#: DuBois, Holly (Dr.)	)		Amount of Contribution (\$)	\$50.00
	0312012023					Φ00.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78209-0512				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Doctor		Self-Employed	-		
$\vdash$			1			
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SCHEDULE	A1
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F	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/33 Rpt: 12/41	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	04/28/2023	Duke, David (Dr.)				\$200.00
		6 Contributor address; City; State; Zip Code				
		Nacogdoches, TX 75965-2912				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor		Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/25/2023	Ellis, Chandra				\$50.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78229-3700				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor		Self-Employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/14/2023	Faigin, Al (Dr.)				\$50.00
		Fort Worth, TX 76133-3301				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/23/2023	Faulkner, Mathue				\$50.00
		Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Austin, TX 78759-7012				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/12/2023	Ferreira De Souza, Michele (Dr.)				\$12.50
		Contributor address; City; State; Zip Code				
		Austin, TX 78727-5875				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor		Self-Employed			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 10/33 Rpt: 13/41 2 FILER NAME Filer ID (Ethics Commission Filers) 3 DOCPAC of Texas 00062672 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/01/2023 Ferreira De Souza, Michele (Dr.) \$12.50 6 Contributor address; City; State; Zip Code Austin, TX 78727-5875 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/28/2023 \$50.00 Fiske, Lauren (Dr.) Contributor address; City; State; Zip Code Austin, TX 78701-1634 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/10/2023 Fuller, Evan (Dr.) \$50.00 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2055 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/10/2023 \$50.00 Gabbard, Glen (Dr.) Contributor address; City; State; Zip Code Angleton, TX 77515-8454 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/04/2023 \$200.00 Garza, Mark (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76123-1969 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/33 Rpt: 14/41 2 FILER NAME Filer ID (Ethics Commission Filers) 3 DOCPAC of Texas 00062672 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/28/2023 Garza, Ramon (Dr.) \$50.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78212-4516 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/31/2023 \$50.00 Garza, Ramon (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78212-4516 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/06/2023 Gibson, Rex (Dr.) \$50.00 Contributor address; City; State; Zip Code Southlake, TX 76092-9519 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/15/2023 \$50.00 Gripon, Edward (Dr.) Contributor address; City; State; Zip Code Beaumont, TX 77706-3061 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/15/2023 \$200.00 Guevara, Rosalinda Contributor address; City; State; Zip Code Fort Worth, TX 76164-0705 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed

### SCHEDULE A1

	The Instru	ction Guide explains how to co	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 12/33 Rpt: 15/41	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
<b> </b> _	DOCPAC of	Texas				00062672	
4	Date	5 Full name of contributor out-	-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	02/03/2023	Ha, Daniel (Dr.)					\$50.00
	1	6 Contributor address; City; State; Zip	Code				
	ļ						
	<u> </u>	Austin, TX 78746-4945	T		Ĺ		
8		pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Doctor			Self-Employed	-		
	Date		-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/03/2023	Ha, Daniel (Dr.)					\$50.00
	ł	Contributor address; City; State; Zip	Code				
	ſ						
	ſ	Austin, TX 78746-4945					
	Princinal occu	pation / Job title (See Instructions)	r	Employer (See Instructions	<u> </u>		
	Doctor			Self-Employed	<i>'</i>		
	Date	Full name of contributor		) 		Amount of Contribution (\$)	
	02/14/2023	Hasan, Saad	-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$12.50
	02/14/2020	Contributor address; City; State; Zip	Code				<b>\$12.00</b>
	ľ		Code				
	ſ						
	ſ	Carrollton, TX 75010-1132					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Doctor			Self-Employed			
	Date	Full name of contributor out-o	of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/20/2023	Hasan, Saad					\$12.50
	ł	Contributor address; City; State; Zip	Code				
	ł						
	ſ						
		Carrollton, TX 75010-1132	r				
		pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Doctor			Self-Employed			
	Date		-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/17/2023	Hawkins, Jeffrey (Dr.)					\$200.00
	ļ	Contributor address; City; State; Zip	Code				
	ļ						
	ļ	Arlington, TX 76012-4139					
⊢	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u>		
	Doctor			Self-Employed	9		
-							

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/33 Rpt: 16/41	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	DOCPAC of	Texas			00062672	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	02/10/2023	Helton, Jason (Dr.)		·	/ mean of estimation (	\$200.00
	0211012020					Ψ200.00
	I	6 Contributor address; City; State; Zip Code				
	I					
	I	Lubbock, TX 79424-8309				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
	Doctor		Self-Employed	''		
╞				<del></del>	Account of Contribution (¢)	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>\$200.00</b>
	06/02/2023	Helton, Jason (Dr.)				\$200.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Lubbock, TX 79424-8309				
$\vdash$	Dringingl occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Doctor		Self-Employed	5)		
				-		
	Date		)		Amount of Contribution (\$)	
	01/25/2023					\$150.00
	l	Contributor address; City; State; Zip Code				
	I					
	I	United TV 77010 4420				
	<u> </u>	Houston, TX 77018-4428		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)	ſ	Amount of Contribution (\$)	
	04/05/2023	Herrera, Sylvia				\$150.00
	I	Contributor address; City; State; Zip Code		ĺ		
	I					
	l					
		Houston, TX 77018-4428				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/13/2023	Hinojosa, Lauren (Dr.)				\$50.00
	I	Contributor address; City; State; Zip Code				
	I					
	l					
		Webster, TX 77598-8088				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
			•			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/33 Rpt: 17/41 2 FILER NAME Filer ID (Ethics Commission Filers) 3 DOCPAC of Texas 00062672 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/07/2023 Idell, Richard \$45.00 6 Contributor address; City; State; Zip Code Dallas, TX 75219-4349 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/02/2023 \$45.00 Idell, Richard Contributor address; City; State; Zip Code Dallas, TX 75219-4349 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/16/2023 Iglesias, Michelle (Dr.) \$50.00 Contributor address; City; State; Zip Code El Paso, TX 79925-6050 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/13/2023 \$12.50 Jackson, Tonjolique (Dr.) Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/13/2023 Jackson, Tonjolique (Dr.) \$12.50 Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed

SCHEDULE	A1
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	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/33 Rpt: 18/41	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/18/2023	Khadka, Subechha (Dr.)				\$12.50
		6 Contributor address; City; State; Zip Code				
		Irving, TX 75060-4888				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Doctor		Self-Employed			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	04/17/2023	Khadka, Subechha (Dr.)	,			\$12.50
	0	Contributor address; City; State; Zip Code				<b>**=.</b>
		Continuation address, City, State, Zip Code				
		Irving, TX 75060-4888				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Doctor		Self-Employed			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	05/31/2023	Krishnan, Vijay (Dr.)			, where it is a construction (,	\$200.00
						<b>T---</b>
		Beaumont, TX 77706-7152				
$\vdash$	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	)		
	Doctor		Self-Employed			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/28/2023	Livingston, Kenneth (Dr.)	/			\$12.50
	00/20/2022	Contributor address; City; State; Zip Code				¥12.00
		כטוונווטענטו מטטופיזא, טונץ, סומוכ, בוף כסמכ				
		New Braunfels, TX 78131-1701				
$\vdash$	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	)		
	Doctor		Self-Employed			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/06/2023	Livingston, Kenneth (Dr.)			,	\$12.50
						•
		New Braunfels, TX 78131-1701				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Doctor		Self-Employed			
$\vdash$						

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/33 Rpt: 19/41	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	04/04/2023	Lopez-Sepulveda, Jaxel (Dr.)				\$50.00
	I	6 Contributor address; City; State; Zip Code		1		
		Irving, TX 75061-2635				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor		Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/14/2023	Lopez-Sepulveda, Jaxel (Dr.)				\$50.00
	I	Contributor address; City; State; Zip Code		1		
		Irving, TX 75061-2635	1			
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor		Self-Employed			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	02/10/2023	Lu, Henry (Dr.)				\$12.50
	I	Contributor address; City; State; Zip Code		1		
		Dallas, TX 75206-1212		Ĺ		
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed	—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/15/2023	Lu, Henry (Dr.)				\$12.50
		Contributor address; City; State; Zip Code				
		Dallas TV 75906 1919				
	Drizoinal agai	Dallas, TX 75206-1212				
	Principal occu Doctor	upation / Job title (See Instructions)	Employer (See Instructions Self-Employed	;)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/25/2023					\$12.50
		Contributor address; City; State; Zip Code				
		Missouri City, TX 77459-6422				
$\vdash$	Dringing occu	upation / Job title (See Instructions)	Employer (See Instructions	$\Gamma$		
	Principal occu Doctor	pation / Job lue (See instructions)	Self-Employed	5)		
			Jell-Employed			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/33 Rpt: 20/41 2 FILER NAME Filer ID (Ethics Commission Filers) 3 DOCPAC of Texas 00062672 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/05/2023 Lumpkin-Jones, Lori (Dr.) \$12.50 6 Contributor address; City; State; Zip Code Missouri City, TX 77459-6422 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/25/2023 \$45.00 MCKENZIE, ROBERT Contributor address; City; State; Zip Code Houston, TX 77006-5915 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/23/2023 Mack, Suzanne (Dr.) \$200.00 Contributor address; City; State; Zip Code Denton, TX 76201-3089 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/04/2023 \$50.00 Mason, Mark (Dr.) Contributor address; City; State; Zip Code Southlake, TX 76092-6376 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/15/2023 \$66.67 Mathew, Biju (Dr.) Contributor address; City; State; Zip Code Garland, TX 75043-1147 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 18/33 Rpt: 21/41 Filer ID (Ethics Commission Filers) 2 FILER NAME 3 DOCPAC of Texas 00062672 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/14/2023 Mauldin, Maureen \$50.00 6 Contributor address; City; State; Zip Code Longview, TX 75605-6911 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/14/2023 \$50.00 Mauldin, Maureen Contributor address; City; State; Zip Code Longview, TX 75605-6911 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/10/2023 Mendoza, Steffi (Dr.) \$50.00 Contributor address; City; State; Zip Code Dallas, TX 75235-0169 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/07/2023 \$50.00 Mendoza, Steffi (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75235-0169 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/13/2023 Mentesana, Catherine (Dr.) \$12.50 Contributor address; City; State; Zip Code Allen, TX 75013-3717 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/33 Rpt: 22/41	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	DOCPAC of	DOCPAC of Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	04/12/2023	Mentesana, Catherine (Dr.)			• •	\$12.50
		6 Contributor address; City; State; Zip Code		$\mathbf{I}$		
		Allen, TX 75013-3717				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Doctor		Self-Employed			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	02/07/2023	Mitchell, Justin (Dr.)	/		, another of the second s	\$50.00
	•	Contributor address; City; State; Zip Code		ł		+ <del>-</del>
		El Paso, TX 79932-2547				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	上 3)		
	Doctor		Self-Employed			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	05/30/2023	Mitchell, Justin (Dr.)	/		, where e. e. e. e	\$50.00
	00,00			ł		+•
		El Paso, TX 79932-2547				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Doctor	1	Self-Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	04/04/2023	Morgan, Jeremy (Dr.)				\$12.50
	• • • •	Contributor address; City; State; Zip Code		ł		·
		Waco, TX 76712-3804	ſ			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor		Self-Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/15/2023	Morgan, Jeremy (Dr.)				\$12.50
		Contributor address; City; State; Zip Code		1		
		Waco, TX 76712-3804				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor		Self-Employed			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/33 Rpt: 23/41 2 FILER NAME Filer ID (Ethics Commission Filers) 3 DOCPAC of Texas 00062672 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/05/2023 Moszkowicz, Arie (Dr.) 6 Contributor address; City; State; Zip Code San Antonio, TX 78257-5081 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/23/2023 Moszkowicz, Arie (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78257-5081 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/22/2023 Moszkowicz, Arie (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78257-5081 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/11/2023 Nguyen Vo, Giang Nam (Dr.) Contributor address; City; State; Zip Code Houston, TX 77096-2502 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/10/2023 O'Meara, Sean (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79922-2032 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Doctor

Foot & Ankle Partners of El Paso

\$37.50

\$37.50

\$37.50

\$50.00

\$100.00

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 21/33 Rpt: 24/41 2 FILER NAME Filer ID (Ethics Commission Filers) 3 DOCPAC of Texas 00062672 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/27/2023 Obi, Somto (Dr.) \$22.22 6 Contributor address; City; State; Zip Code Houston, TX 77051-2123 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/31/2023 Obi, Somto (Dr.) \$22.22 Contributor address; City; State; Zip Code Houston, TX 77051-2123 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/27/2023 Obi, Somto (Dr.) \$22.22 Contributor address; City; State; Zip Code Houston, TX 77051-2123 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/14/2023 \$22.24 Obi, Somto (Dr.) Contributor address; City; State; Zip Code Houston, TX 77051-2123 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/23/2023 \$50.00 Onanuga, Omotayo (Dr.) Contributor address; City; State; Zip Code Grapevine, TX 76099-2043 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 22/33 Rpt: 25/41 2 FILER NAME Filer ID (Ethics Commission Filers) 3 DOCPAC of Texas 00062672 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/02/2023 Ostrinsky, Rina \$50.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4472 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/10/2023 Ostrinsky, Rina \$200.00 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4472 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/27/2023 Pack, William (Dr.) \$50.00 Contributor address; City; State; Zip Code Conroe, TX 77304-1337 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/10/2023 \$50.00 Pack, William (Dr.) Contributor address; City; State; Zip Code Conroe, TX 77304-1337 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/31/2023 Parker, Lynda \$50.00 Contributor address; City; State; Zip Code Georgetown, TX 78628-4009 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 23/33 Rpt: 26/41 2 FILER NAME Filer ID (Ethics Commission Filers) 3 DOCPAC of Texas 00062672 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/06/2023 Parker, Lynda \$50.00 6 Contributor address; City; State; Zip Code Georgetown, TX 78628-4009 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/17/2023 Peng, Cong (Dr.) \$12.50 Contributor address; City; State; Zip Code Pearland, TX 77584-8725 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/26/2023 Peng, Cong (Dr.) \$12.50 Contributor address; City; State; Zip Code Pearland, TX 77584-8725 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/28/2023 \$12.50 Philip, George (Dr.) Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/27/2023 Philip, George (Dr.) \$12.50 Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 24/33 Rpt: 27/41	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	02/09/2023	Playfair, Paul (Dr.)			· · · · · · · · · · · · · · · · · · ·	\$550.00
	•	6 Contributor address; City; State; Zip Code				+ <del>-</del>
		Austin, TX 78746-6906				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor	•	Self-Employed			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u> )	Г	Amount of Contribution (\$)	
	02/28/2023	Rajendran, Karthikayan	/		/ inount of contraction (1)	\$50.00
	02,20,202	Contributor address; City; State; Zip Code				+•
		Contributor address, City, State, Zip Code				
		Allen, TX 75013-5335				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Doctor		Self-Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Γ	Amount of Contribution (\$)	
	05/31/2023	Rajendran, Karthikayan	/		Allount of contineation (+)	\$50.00
	00,01,11,1	Contributor address; City; State; Zip Code				+
		Allen, TX 75013-5335				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	01/31/2023	Raju, Kanthi (Dr.)				\$50.00
	I	Contributor address; City; State; Zip Code				
		Richardson, TX 75082-4467				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	04/10/2023	Raju, Kanthi (Dr.)				\$50.00
	1	Contributor address; City; State; Zip Code				
		Richardson, TX 75082-4467				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/33 Rpt: 28/41	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	04/21/2023	Rixter, Davida (Dr.)				\$50.00
	•	6 Contributor address; City; State; Zip Code	,			<del></del>
		Contributor address, City, State, Zip Code				
		Dallas, TX 75219-4774				
8	Principal occu		9 Employer (See Instructions	<u>ן</u>		
	Doctor		Self-Employed	,		
╞			<u> </u>	_	to a superior (Φ)	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 100.00
	03/15/2023	Rohanni, Parostu (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
L		Arlington, TX 76001-6505		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	)		
	Doctor		Self-Employed			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/17/2023	Sagullo, Raquel (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Katy, TX 77494-1156				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)		
	Doctor	,	Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/23/2023	Sagullo, Raquel (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Katy, TX 77494-1156				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
	Doctor		Self-Employed	,		
╞		Full name of contributor Out-of-state PAC (ID#:	<u> </u>	_	Amount of Contribution (\$)	
	Date		)		Amount of Contribution (φ)	ቀደብ በበ
	05/22/2023					\$50.00
		Contributor address; City; State; Zip Code				
		FLDGGG TV 70011 2202				
$\vdash$	<u> </u>	El Paso, TX 79911-2303		Ĺ		
	_	upation / Job title (See Instructions)	Employer (See Instructions	)		
L	Doctor		Self-Employed			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 26/33 Rpt: 29/41		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	DOCPAC of	Texas			00062672	,
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	05/23/2023	Sanchez, Benny (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Spring, TX 77379-7629				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/27/2023	Sandhu, Ravneetinder (Dr.)				\$12.50
		Contributor address; City; State; Zip Code				
		Highland Village, TX 75077-1833				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/07/2023	Sandhu, Ravneetinder (Dr.)				\$12.50
		Contributor address; City; State; Zip Code		1		
		Highland Village, TX 75077-1833				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/07/2023	Santillano, Daniel (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78258-4588				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/30/2023	Santillano, Daniel (Dr.)				\$50.00
	Contributor address; City; State; Zip Code					
L		San Antonio, TX 78258-4588				
1		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Doctor		Self-Employed			

### SCHEDULE A1

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 27/33 Rpt: 30/41	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	DOCPAC of				00062672	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#	÷)	7	Amount of Contribution (\$)	
	06/02/2023	Sedrak, Joseph (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code		1		
_	<u></u>	Houston, TX 77019-1508		Ĺ		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Doctor		Self-Employed	_		
	Date	-	t:)		Amount of Contribution (\$)	
	01/31/2023					\$37.50
		Contributor address; City; State; Zip Code				
		Irving, TX 75039-3658				
	Dringing occu	-	Employer (See Instructions	<u> </u>		
	Doctor	ipation / Job title (See Instructions)	Self-Employed	5)		
				<del>.</del>		
	Date	Full name of contributor out-of-state PAC (ID#	·:)		Amount of Contribution (\$)	<u> </u>
	03/14/2023	Shulkin, Zev (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75230-2513				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Doctor		Self-Employed	-,		
_	Date	Full name of contributor Out-of-state PAC (ID#		Τ	Amount of Contribution (\$)	
	02/17/2023	Siddiqui, Asif (Dr.)	/		Allount of Continuation (+)	\$50.00
	02,2.,2	Contributor address; City; State; Zip Code		1		+
		Austin, TX 78732-2089				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#	±)	Ι	Amount of Contribution (\$)	
	04/26/2023	Siddiqui, Asif (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78732-2089				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Doctor		Self-Employed			

### SCHEDULE A1

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 28/33 Rpt: 31/41	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	DOCPAC of	Texas			00062672	/
4	Date	5 Full name of contributor out-of-state PAC (ID#	)	7	Amount of Contribution (\$)	
	01/19/2023	Smith, Jesse (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Cresson, TX 76035-5640				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	04/18/2023	Smith, Jesse (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Cresson, TX 76035-5640				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	04/03/2023	Thigpen, Marsha (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Port Arthur, TX 77642-6814				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	04/20/2023	Thomas, Imelda				\$100.00
		Contributor address; City; State; Zip Code		]		
⊢	<u> </u>	San Antonio, TX 78231-1267		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	02/02/2023	Thomas, Sharon				\$50.00
		Contributor address; City; State; Zip Code				
⊢	<u> </u>	Wichita Falls, TX 76308-4145		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
∟	Doctor		Self-Employed			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/33 Rpt: 32/41	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	01/26/2023	Toledo, Minda (Dr.)				\$50.00
	•	6 Contributor address; City; State; Zip Code				+ <del>-</del>
		Contributor address, City, State, Zip Code				
		Port Arthur, TX 77642				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u>ໄ</u>		
ľ	Doctor		Self-Employed	<b>9</b>		
⊨				—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/25/2023	Toledo, Minda (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Port Arthur, TX 77642				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Doctor	1	Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/15/2023	Tollemache, Julie (Dr.)				\$33.33
		Austin, TX 78756-1223				
$\vdash$	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	上 5)		
	Doctor		Self-Employed	,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
	02/22/2023	Full name of contributor out-of-state PAC (ID#: Ure, Robert (Dr.)	/			\$50.00
	0212212023					\$00.00
		Contributor address; City; State; Zip Code				
		Artication TV 76016 2610				
	Drivelaat	Arlington, TX 76016-3610		ŕ		
		<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions)	;)		
	Doctor		Self-Employed	_		
Γ	Date	Full name of contributor Dut-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/22/2023	Ure, Robert (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Arlington, TX 76016-3610				
$\vdash$	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	Doctor	1	Self-Employed			
$\vdash$			<u> </u>			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/33 Rpt: 33/41	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	03/23/2023	Valdez, Ernest (Dr.)				\$12.50
	•••••	6 Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Helotes, TX 78023-3633				
8	Principal occu		9 Employer (See Instructions	<u> </u> ເ)		
Ŭ	Doctor		Self-Employed	ワ		
⊨				—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/22/2023	Valdez, Ernest (Dr.)				\$12.50
	I	Contributor address; City; State; Zip Code				
		Helotes, TX 78023-3633				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor	,	Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/27/2023	Vandiver, William (Dr.)				\$50.00
		Dallas, TX 75214-3140				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	لــــــــــــــــــــــــــــــــــــ		
	Doctor		Self-Employed	·)		
╞				—	t f Contribution (¢)	
	Date	Full name of contributor out-of-state PAC (ID#:)	)		Amount of Contribution (\$)	÷50.00
	06/28/2023	Vandiver, William (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
L		Dallas, TX 75214-3140				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Doctor		Self-Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	$\square$	Amount of Contribution (\$)	
	02/22/2023	Vanscoy-Pham, Jennifer (Dr.)				\$12.50
	I	Contributor address; City; State; Zip Code				
		Rosharon, TX 77583-5536				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	لــــــــــــــــــــــــــــــــــــ		
	Doctor		Self-Employed			
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 31/33 Rpt: 34/41 2 FILER NAME Filer ID (Ethics Commission Filers) 3 DOCPAC of Texas 00062672 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/23/2023 Vanscoy-Pham, Jennifer (Dr.) \$12.50 6 Contributor address; City; State; Zip Code Rosharon, TX 77583-5536 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/02/2023 \$50.00 Varon, Jacobo (Dr.) Contributor address; City; State; Zip Code Bellaire, TX 77401-4045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/16/2023 Villarreal, Arturo (Dr.) \$100.00 Contributor address; City; State; Zip Code Austin, TX 78717-3947 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/13/2023 \$50.00 White, Jessica Contributor address; City; State; Zip Code Dallas, TX 75225-3325 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/13/2023 \$50.00 White, Johnny (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75225-3325 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/33 Rpt: 35/41	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	DOCPAC of	Texas			00062672	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	03/14/2023	Wieck, Thomas (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Houston, TX 77019-2461				
-	Dringing ogg	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
l°				)		
	Doctor		Self-Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/06/2023	Worrell, Paul (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75254-8635				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
F	Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/16/2023	Worrell, Paul (Dr.)	· · · · · · · · · · · · · · · · · · ·			\$50.00
		Dallas, TX 75254-8635				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Doctor	· · · · · · · · · · · · · · · · · · ·	Self-Employed	,		
⊨	Data	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	Date		)		Amount of Contribution (\$)	\$25.00
	03/14/2023	Yousuf, Omar (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75024-3321				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self-Employed			
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/19/2023	ZUNIGA, CHARLOTTE				\$45.00
		Contributor address; City; State; Zip Code		1		
1		Houston, TX 77005-3647				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
I	Doctor		Self-Employed			
⊢						
1						

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 33/33 Rpt: 36/41 2 FILER NAME Filer ID (Ethics Commission Filers) 3 DOCPAC of Texas 00062672 Date Amount of Contribution (\$) 4 5 Full name of contributor out-of-state PAC (ID#: 7 05/02/2023 \$45.00 ZUNIGA, CHARLOTTE 6 Contributor address; City; State; Zip Code Houston, TX 77005-3647 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self-Employed Doctor Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/24/2023 \$12.50 Zhou, Tao (Dr.) Contributor address; City; State; Zip Code Edinburg, TX 78539-4510 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Employed Doctor Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/25/2023 Zhou, Tao (Dr.) \$12.50 ..... Contributor address; City; State; Zip Code Edinburg, TX 78539-4510 Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Self-Employed

# 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/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 37/41	DOCPAC of Texas 00062672
4 Date	5 Payee name
03/24/2023	Mushtaq, Samaiya
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	557 Ballustrade Dr
Expenditure from corporate funds	Irving, TX 75039
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Donor Refund Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Refund of 6/1/22 Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/24/2023	Mushtaq, Samaiya
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	557 Ballustrade Dr
Expenditure from corporate funds	Irving, TX 75039
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Donor Refund</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Refund of 9/20/2022 Contribution</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/24/2023	Mushtaq, Samaiya
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	557 Ballustrade Dr
Expenditure from corporate funds	Irving, TX 75039
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Donor Refund</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Refund of 11/29/2022 contribution</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR B	OX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expens y - Gift/Awards/Memorials Expense Printing Expen	se Travel Out of District S/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 38/41	DOCPAC of Texas	00062672
4 Date	5 Payee name	
01/11/2023	Wells Fargo Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.55	200 B St	
Expenditure from corporate funds	Santa Rosa, CA 95401-8509	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Bank Fees
		Monully Balk Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
01/23/2023	Wells Fargo Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.75	200 B St	
Expenditure from corporate funds	Santa Rosa, CA 95401-8509	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
02/08/2023	Wells Fargo Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$61.00	200 B St	
Expenditure from corporate funds	Santa Rosa, CA 95401-8509	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)
1 Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 39/41	DOCPAC of Texas		00062672
4 Date	5 Payee name		
03/08/2023	Wells Fargo Bank		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$58.40	200 B St		
Expenditure from corporate funds	Santa Rosa, CA 95401-8509		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sch Fees		outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin Monthly Bank	, TX, officeholder living expense K Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		I Office sought	Office held
Date	Payee name		
04/10/2023	Wells Fargo Bank		
Amount (\$)	Payee address; City; State;	Zip Code	
\$70.63	200 B St		
Expenditure from corporate funds	Santa Rosa, CA 95401-8509		
PURPOSE OF	(a) Category (See Categories listed at the top of this sch Fees	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
EXPENDITURE	1663		, TX, officeholder living expense
		Monthly Bank	Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1		bages Schedule K: 1/2 Rpt: 40/41	
2	FILER NAME			3	Filer ID	D (Ethics Commission	n Filers)
	DOCPAC of	Те	xas		00062	2672	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	06/08/2023		Wells Fargo Bank				\$360.10
		6	Address of person from whom amount is received; City; State; Zip Code				
			Santa Rosa, CA 95401				
		7		oliti	cal cont	ribution returned to file	r
			Bank Interest				
	Date		Name of person from whom amount is received			Amount (\$)	
	05/08/2023		Wells Fargo Bank				\$310.62
		 	Address of person from whom amount is received; City; State; Zip Code				
			Santa Rosa, CA 95401				
				oliti		ribution returned to file	r
			Bank Interest	onu	cai com		1
	Date					Amount (ft)	
	04/10/2023		Name of person from whom amount is received Wells Fargo Bank			Amount (\$)	\$294.32
	0-110/2020		Address of person from whom amount is received; City; State; Zip Code				Ψ204.0Z
			Address of person norm whom amount is received, Gity, State, Zip Code				
			Santa Rosa, CA 95401				
			<u> </u>	oliti	cal cont	ribution returned to file	r
			Bank Interest				
	Date		Name of person from whom amount is received			Amount (\$)	
	03/08/2023		Wells Fargo Bank				\$243.34
			Address of person from whom amount is received; City; State; Zip Code				
			Santa Rosa, CA 95401				
				oliti	cal cont	I ribution returned to file	r
			Bank Interest				
	Date	Ħ	Name of person from whom amount is received			Amount (\$)	
	02/08/2023		Wells Fargo Bank				\$254.18
		·····	Address of person from whom amount is received; City; State; Zip Code				
			Santa Rosa, CA 95401		<u>.</u>		
				oliti	cal cont	ribution returned to file	r
			Bank Interest				

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

Image: Schedule K:         Sch: 2/2 Rpt: 41/41	The Instruct
3 Filer ID (Ethics Commission Filers)	FILER NAME
00062672	DOCPAC of T
is received 8 Amount (\$) int is received; City; State; Zip Code 8	01/23/2023
d Check if political contribution returned to filer	7
is received Amount (\$)	Date
\$242.33	05/02/2023
int is received; City; State; Zip Code	
	-
rom January - April 2023	