

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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|---|--|---|-----------------------------------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00062672 | 2 Total pages filed: 41 |
| 3 COMMITTEE NAME DOCPAC of Texas | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 07/10/2023 | |
| | | Date Hand-delivered or Date Postmarked | |
| | | Receipt # | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd. Napa, CA 94558-0900 | | |
| | 5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Ms. Elizabeth NICKNAME LAST SUFFIX Healy | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd. Napa, CA 94558-0900 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd. Napa, CA 94558-0900 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (707) 226-0413 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023 | | |
| 11 ELECTION | ELECTION DATE Month Day Year | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

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| 12 COMMITTEE NAME DOCPAC of Texas | 13 Filer ID (Ethics Commission Filers) 00062672 |
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| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

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| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 70.84 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 9,480.58 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 542.33 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 134,369.78 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

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

Ms. Elizabeth Healy

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 41

| | | |
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| 17 COMMITTEE NAME DOCPAC of Texas | | 18 Filer ID (Ethics Commission Filers) 00062672 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 9,480.58 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 542.33 |
| 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 | \$ 1,916.37 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/33 Rpt: 4/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 04/25/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abou-Kayyas, Yousef (Dr.) 6 Contributor address; City; State; Zip Code Mesquite, TX 75149-1792 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 02/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abreu-Lawrence, Charity (Dr.) Contributor address; City; State; Zip Code Mission, TX 78572-4529 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 05/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abreu-Lawrence, Charity (Dr.) Contributor address; City; State; Zip Code Mission, TX 78572-4529 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 05/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Thomas (Dr.) Contributor address; City; State; Zip Code Arlington, TX 76015-8314 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 03/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alkudmani, Hania (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78217-3431 | Amount of Contribution (\$) \$16.67 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/33 Rpt: 5/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 06/21/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alkudmani, Hania (Dr.) 6 Contributor address; City; State; Zip Code San Antonio, TX 78217-3431 | 7 Amount of Contribution (\$) \$16.67 |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 01/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Miriam (Dr.) Contributor address; City; State; Zip Code Houston, TX 77096-4224 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 04/11/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Miriam (Dr.) Contributor address; City; State; Zip Code Houston, TX 77096-4224 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 01/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayyash, Noora (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78212-2907 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 04/11/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayyash, Noora (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78212-2907 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/33 Rpt: 6/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 02/13/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barahona, Jose (Dr.) | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code El Paso, TX 79925-7941 | |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 03/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaber, William (Dr.) | Amount of Contribution (\$) \$12.50 |
| | Contributor address; City; State; Zip Code Heath, TX 75032-8875 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 06/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaber, William (Dr.) | Amount of Contribution (\$) \$12.50 |
| | Contributor address; City; State; Zip Code Heath, TX 75032-8875 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 03/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhayani, Nikhil (Dr.) | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Colleyville, TX 76034-6317 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 05/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggers, Jeffrey (Dr.) | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Mesquite, TX 75149-1771 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/33 Rpt: 7/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 01/04/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blood, Jamon (Dr.) 6 Contributor address; City; State; Zip Code Flint, TX 75762-3809 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 03/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blood, Jamon (Dr.) Contributor address; City; State; Zip Code Flint, TX 75762-3809 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 06/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blood, Jamon (Dr.) Contributor address; City; State; Zip Code Flint, TX 75762-3809 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 02/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogdan, Michael (Dr.) Contributor address; City; State; Zip Code Grapevine, TX 76051-8001 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 06/02/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogdan, Michael (Dr.) Contributor address; City; State; Zip Code Grapevine, TX 76051-8001 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/33 Rpt: 9/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 04/20/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavantes, Rene (Dr.) <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79902-4360 | 7 Amount of Contribution (\$) \$12.50 |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 06/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavantes, Rene (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-4360 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 02/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Javen (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255-1041 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 05/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Javen (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255-1041 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 01/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Cecilia (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-5753 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/33 Rpt: 10/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 04/17/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Cecilia (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78727-5753 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 06/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanana, Nitin (Dr.) <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-5908 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 03/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanana, Nitin (Dr.) <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-5908 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 05/17/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Mark (Dr.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-1608 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 02/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Brian (Dr.) <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-3356 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/33 Rpt: 11/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 05/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Brian (Dr.) | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Temple, TX 76502-3356 | |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 03/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Charles (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78759-7136 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 03/09/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshmukh, Shweta | Amount of Contribution (\$) \$12.50 |
| | Contributor address; City; State; Zip Code Pearland, TX 77584-7418 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 06/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshmukh, Shweta | Amount of Contribution (\$) \$12.50 |
| | Contributor address; City; State; Zip Code Pearland, TX 77584-7418 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 03/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuBois, Holly (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78209-0512 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/33 Rpt: 12/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 04/28/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, David (Dr.) | 7 Amount of Contribution (\$) \$200.00 |
| | 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2912 | |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 04/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Chandra | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78229-3700 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 03/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faigin, AI (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76133-3301 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 02/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulkner, Mathue | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78759-7012 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 01/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferreira De Souza, Michele (Dr.) | Amount of Contribution (\$) \$12.50 |
| | Contributor address; City; State; Zip Code Austin, TX 78727-5875 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/33 Rpt: 15/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 02/03/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Daniel (Dr.) | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78746-4945 | |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 05/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Daniel (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78746-4945 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 02/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasan, Saad | Amount of Contribution (\$) \$12.50 |
| | Contributor address; City; State; Zip Code Carrollton, TX 75010-1132 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 04/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasan, Saad | Amount of Contribution (\$) \$12.50 |
| | Contributor address; City; State; Zip Code Carrollton, TX 75010-1132 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 01/17/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Jeffrey (Dr.) | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012-4139 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/33 Rpt: 16/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 02/10/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helton, Jason (Dr.) | 7 Amount of Contribution (\$) \$200.00 |
| | 6 Contributor address; City; State; Zip Code Lubbock, TX 79424-8309 | |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 06/02/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helton, Jason (Dr.) | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Lubbock, TX 79424-8309 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 01/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Sylvia | Amount of Contribution (\$) \$150.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77018-4428 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 04/05/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Sylvia | Amount of Contribution (\$) \$150.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77018-4428 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 01/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Lauren (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Webster, TX 77598-8088 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/33 Rpt: 18/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 01/18/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khadka, Subechha (Dr.) 6 Contributor address; City; State; Zip Code Irving, TX 75060-4888 | 7 Amount of Contribution (\$) \$12.50 |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 04/17/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khadka, Subechha (Dr.) Contributor address; City; State; Zip Code Irving, TX 75060-4888 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 05/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krishnan, Vijay (Dr.) Contributor address; City; State; Zip Code Beaumont, TX 77706-7152 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 03/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livingston, Kenneth (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78131-1701 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 06/06/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livingston, Kenneth (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78131-1701 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/33 Rpt: 19/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 04/04/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez-Sepulveda, Jaxel (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Irving, TX 75061-2635 | |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 06/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez-Sepulveda, Jaxel (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Irving, TX 75061-2635 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 02/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Henry (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Dallas, TX 75206-1212 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Henry (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Dallas, TX 75206-1212 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 01/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lumpkin-Jones, Lori (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Missouri City, TX 77459-6422 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/33 Rpt: 22/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 04/12/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mentesana, Catherine (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Allen, TX 75013-3717 | |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 02/07/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Justin (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code El Paso, TX 79932-2547 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 05/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Justin (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code El Paso, TX 79932-2547 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 04/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jeremy (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Waco, TX 76712-3804 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 06/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jeremy (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Waco, TX 76712-3804 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/33 Rpt: 27/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 02/09/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Playfair, Paul (Dr.) | 7 Amount of Contribution (\$) \$550.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78746-6906 | |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 02/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajendran, Karthikayan | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Allen, TX 75013-5335 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 05/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajendran, Karthikayan | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Allen, TX 75013-5335 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 01/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raju, Kanthi (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Richardson, TX 75082-4467 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 04/10/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raju, Kanthi (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Richardson, TX 75082-4467 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/33 Rpt: 28/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 04/21/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rixter, Davida (Dr.) | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75219-4774 | |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 03/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohanni, Parostu (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76001-6505 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 02/17/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sagullo, Raquel (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Katy, TX 77494-1156 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 05/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sagullo, Raquel (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Katy, TX 77494-1156 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samonte, Miguel (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code El Paso, TX 79911-2303 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/33 Rpt: 30/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 06/02/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedrak, Joseph (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019-1508 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 01/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sepehripour Naraghi, Behnaz (Dr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75039-3658 | Amount of Contribution (\$) \$37.50 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 03/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shulkin, Zev (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2513 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 02/17/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Asif (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78732-2089 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 04/26/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Asif (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78732-2089 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 29/33 Rpt: 32/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 01/26/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toledo, Minda (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Port Arthur, TX 77642 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 04/25/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toledo, Minda (Dr.) <hr/> Contributor address; City; State; Zip Code Port Arthur, TX 77642 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 06/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollemache, Julie (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-1223 | Amount of Contribution (\$) \$33.33 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 02/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ure, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016-3610 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ure, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016-3610 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 30/33 Rpt: 33/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 03/23/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Ernest (Dr.) | 7 Amount of Contribution (\$) \$12.50 |
| | 6 Contributor address; City; State; Zip Code Helotes, TX 78023-3633 | |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 06/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Ernest (Dr.) | Amount of Contribution (\$) \$12.50 |
| | Contributor address; City; State; Zip Code Helotes, TX 78023-3633 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 03/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandiver, William (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75214-3140 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 06/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandiver, William (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75214-3140 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 02/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanscoy-Pham, Jennifer (Dr.) | Amount of Contribution (\$) \$12.50 |
| | Contributor address; City; State; Zip Code Rosharon, TX 77583-5536 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 31/33 Rpt: 34/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 05/23/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanscoy-Pham, Jennifer (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Rosharon, TX 77583-5536 | 7 Amount of Contribution (\$) \$12.50 |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 06/02/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varon, Jacobo (Dr.) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4045 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 06/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Arturo (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78717-3947 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 01/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Jessica <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-3325 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 04/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Johnny (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-3325 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 32/33 Rpt: 35/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 03/14/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wieck, Thomas (Dr.) | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77019-2461 | |
| 8 Principal occupation / Job title (See Instructions) Doctor | | 9 Employer (See Instructions) Self-Employed |
| Date 04/06/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worrell, Paul (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75254-8635 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 06/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worrell, Paul (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75254-8635 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 03/14/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yousuf, Omar (Dr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Plano, TX 75024-3321 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |
| Date 01/19/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZUNIGA, CHARLOTTE | Amount of Contribution (\$) \$45.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77005-3647 | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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|---|---|---|
| 1 Total pages Schedule F1: Sch: 1/3 Rpt: 37/41 | 2 FILER NAME DOCPAC of Texas | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 03/24/2023 | 5 Payee name Mushtaq, Samaiya | |
| 6 Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 557 Ballustrade Dr Irving, TX 75039 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donor Refund | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of 6/1/22 Contribution |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2023 | Payee name Mushtaq, Samaiya | |
| Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 557 Ballustrade Dr Irving, TX 75039 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donor Refund | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of 9/20/2022 Contribution |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2023 | Payee name Mushtaq, Samaiya | |
| Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 557 Ballustrade Dr Irving, TX 75039 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donor Refund | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of 11/29/2022 contribution |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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|---|--|---|
| 1 Total pages Schedule F1: Sch: 2/3 Rpt: 38/41 | 2 FILER NAME DOCPAC of Texas | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 01/11/2023 | 5 Payee name Wells Fargo Bank | |
| 6 Amount (\$) \$1.55 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 200 B St Santa Rosa, CA 95401-8509 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Bank Fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/23/2023 | Candidate/Officeholder name Wells Fargo Bank | |
| Amount (\$) \$50.75 <input type="checkbox"/> Expenditure from corporate funds | Office sought 200 B St Santa Rosa, CA 95401-8509 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/08/2023 | Candidate/Officeholder name Wells Fargo Bank | |
| Amount (\$) \$61.00 <input type="checkbox"/> Expenditure from corporate funds | Office sought 200 B St Santa Rosa, CA 95401-8509 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Bank Fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: Sch: 3/3 Rpt: 39/41 | 2 FILER NAME DOCPAC of Texas | 3 Filer ID (Ethics Commission Filers) 00062672 |
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|-----------------------------|---|
| 4 Date 03/08/2023 | 5 Payee name Wells Fargo Bank |
|-----------------------------|---|

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|--|--|
| 6 Amount (\$) \$58.40 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 200 B St Santa Rosa, CA 95401-8509 |
|--|--|

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|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Bank Fees |
|---------------------------------|---|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 04/10/2023 | Payee name Wells Fargo Bank |
|--------------------|--------------------------------|

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|---|---|
| Amount (\$) \$70.63 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 200 B St Santa Rosa, CA 95401-8509 |
|---|---|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Bank Fees |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/2 Rpt: 40/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 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 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer 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 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Bank Interest | |
| Date | Name of person from whom amount is received | Amount (\$) |
| 04/10/2023 | Wells Fargo Bank | \$294.32 |
| | Address of person from whom amount is received; City; State; Zip Code | |
| | Santa Rosa, CA 95401 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer 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 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Bank Interest | |
| Date | 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 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Bank Interest | |

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

SCHEDULE K

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 2/2 Rpt: 41/41 |
| 2 FILER NAME DOCPAC of Texas | | 3 Filer ID (Ethics Commission Filers) 00062672 |
| 4 Date 01/23/2023 | 5 Name of person from whom amount is received Wells Fargo Bank | 8 Amount (\$) \$211.48 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401 | |
| | 7 Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 05/02/2023 | Name of person from whom amount is received Wells Fargo Bank | Amount (\$) \$242.33 |
| | Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401 | |
| | Purpose for which amount is received Refund of erroneous bank fees from January - April 2023 <input type="checkbox"/> Check if political contribution returned to filer | |