FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016210 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Podiatric Medical PAC Date Received **ELECTRONICALLY FILED** 07/13/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 918 Congress Ave., Ste. 200 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Melinda NAME NICKNAME LAST **SUFFIX** Daise STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 918 Congress Ave., Ste. 200 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 918 Congress Ave., Ste. 200 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 494-1123 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/07/2023 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Podiatric Media	cal PAC		00016210	,
4 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	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	15,797.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	27,084.74
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Mrs. Meli Signature of Car	nda Daise	iror
AFFIX NOTAF	RY STAMP / SEAL ABOVE	Signature of Car	npaign measu	ii ei
			i ale	,
		, th	nis the	day
01		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of offic	cer administering oath
orginature or officer	daniinotomiy odui	. Three hame of officer administering oath	THE OF OHIC	so: administering oddi

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

		C	JVLK SIILL	3 of 52
17 COMMITT Texas Po	EE NAME diatric Medical PAC	18 Filer ID 00016210	(Ethics Commissi	on Filers)
	E SUBTOTALS SCHEDULE		SUBTOTAL	AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,797.50
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
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.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

2 FILER NAME Texas Podia4 Date 01/19/2023	ction Guide explains how to complete this for the complete this fo)	 Total pages Schedule A1: Sch: 1/49 Rpt: 4/52 Filer ID (Ethics Commission 00016210 Amount of Contribution (\$) 	
Texas Podia Date 01/19/2023 Principal occur	 Full name of contributor out-of-state PAC (ID#: Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code Irving, TX 75061 		00016210	Filers) \$10.00
4 Date 01/19/2023 8 Principal occur	 Full name of contributor out-of-state PAC (ID#: Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code Irving, TX 75061 		7 Amount of Contribution (\$)	\$10.00
	bation / Job title (See instructions)	C Franciscon (Con Instructions	Y	
		Employer (See Instructions Self	·)	
Date 02/19/2023	Full name of contributor out-of-state PAC (ID#:_Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
Principal occur	Irving, TX 75061 pation / Job title (See Instructions)	Employer (See Instructions)	
Podiatrist	auton / oob title (oce mondellons)	Self	,	
Date 03/19/2023	Full name of contributor out-of-state PAC (ID#:_Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	Irving, TX 75061			
Principal occu Podiatrist	oation / Job title (See Instructions)	Employer (See Instructions Self)	
Date 04/19/2023	Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$10.00
Principal occu	Irving, TX 75061 pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>	
Podiatrist		Self	,	
Date 05/19/2023	Full name of contributor out-of-state PAC (ID#:_Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code Irving, TX 75061		Amount of Contribution (\$)	\$10.00
Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)	

2 FILER NAME	ction Guide explains how to complete this fo			
		orm.	1 Total pages Schedule A1: Sch: 2/49 Rpt: 5/52	
	tric Medical PAC		3 Filer ID (Ethics Commission 00016210	Filers)
06/19/2023	 Full name of contributor out-of-state PAC (ID#:_Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)	\$10.00
	Irving, TX 75061			
8 Principal occup Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions Self)	
Date 05/12/2023	Full name of contributor out-of-state PAC (ID#:_Ballew DPM, K. Kyle (Dr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$150.00
Principal occur	Lorena, TX 76655 pation / Job title (See Instructions)	Employer (See Instructions	1	
Podiatrist	pation / 300 title (See matrictions)	Self)	
Date 06/23/2023	Full name of contributor out-of-state PAC (ID#:_ Bazan DPM, Demenico (Dr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$100.00
	Leander, TX 76502			
Principal occup Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)	
Date 06/01/2023	Full name of contributor out-of-state PAC (ID#:_Blum DPM, Donald (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$150.00
Principal occur	Dallas, TX 75230 pation / Job title (See Instructions)	Employer (See Instructions)	
Podiatrist		Self	,	
Date 06/23/2023	Full name of contributor out-of-state PAC (ID#:_ Brancheau DPM, Paul (Dr.) Contributor address; City; State; Zip Code Greenville, TX 75402		Amount of Contribution (\$)	\$150.00
Principal occup Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions self)	

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 3/49 Rpt: 6/52
2	FILER NAME Texas Podia	ric Medical PAC	3 Filer ID (Ethics Commission Filers) 00016210
4	Date 01/24/2023	 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$100.00
_	Deire die alle access	Greenville, TX 75401	Constructions)
8	Principal occu Podiatrist	pation / Job title (See Instructions) 9 Employer (self	See Instructions)
	Date 02/24/2023	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$100.00
	Dringing agg	Greenville, TX 75401 pation / Job title (See Instructions) Employer (Coo Instructions)
	Podiatrist	self	See Instructions)
	Date 02/25/2023	Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$50.00
		Greenville, TX 75401	
	Principal occu Podiatrist	pation / Job title (See Instructions) Employer (self	See Instructions)
	Date 03/24/2023	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$100.00
	Principal occu	Greenville, TX 75401 pation / Job title (See Instructions) Employer (See Instructions)
	Podiatrist	self	
	Date 04/24/2023	Full name of contributor out-of-state PAC (ID#:	
	Principal occu Podiatrist		See Instructions)
		<u>'</u>	

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 4/49 Rpt: 7/52	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 06/02/2023	Brancheau DPM, Steven (Dr.) 6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$100.00
8	Principal occu Podiatrist	Greenville, TX 75401 pation / Job title (See Instructions)	9	Employer (See Instructions self)		
	Date 06/23/2023	Brancheau DPM, Steven (Dr.) Contributor address; City; State;)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	Greenville, TX 75401 pation / Job title (See Instructions)		Employer (See Instructions self)		
	Date 01/01/2023	Full name of contributor Brill DPM, Leon (Dr.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75231 pation / Job title (See Instructions)		Employer (See Instructions			
	Podiatrist	pation 7 300 title (See Instructions)		Self			
	Date 02/01/2023	Full name of contributor Brill DPM, Leon (Dr.) Contributor address; City; State; Dallas, TX 75231	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 04/01/2023	Full name of contributor Brill DPM, Leon (Dr.) Contributor address; City; State; Dallas, TX 75231	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self)		

		ONS	SCHEDULE	A1
The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 5/49 Rpt: 8/52	
2 FILER NAME Texas Podi	atric Medical PAC		3 Filer ID (Ethics Commission F 00016210	-ilers)
4 Date 05/01/2023	5 Full name of contributor ut-of-state PAC (ID#		7 Amount of Contribution (\$)	\$50.00
9 Dringing loss	Dallas, TX 75231	C Employer (Coc Instructions)		
8 Principal occ Podiatrist	rupation / Job title (See Instructions)	9 Employer (See Instructions) Self)	
Date 06/01/2023	· · · · · · · · · · · · · · · · · · ·	<u>;</u>	Amount of Contribution (\$)	\$50.00
	Dallas, TX 75231		v	
Principal occ Podiatrist	rupation / Job title (See Instructions)	Employer (See Instructions) Self)	
Date 01/11/2023	Full name of contributor out-of-state PAC (ID# Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code	<u>#:)</u>	Amount of Contribution (\$)	\$80.00
	Albany, TX 76430			
Principal occ podiatrist	upation / Job title (See Instructions)	Employer (See Instructions)		
Date 02/11/2023		<u>+:)</u>	Amount of Contribution (\$)	\$80.00
Principal occ	supation / Job title (See Instructions)	Employer (See Instructions)		
podiatrist		self		
Date 03/11/2023	Full name of contributor out-of-state PAC (ID# Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code Albany, TX 76430	#:)	Amount of Contribution (\$)	\$80.00
Principal occ	supation / Job title (See Instructions)	Employer (See Instructions))	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 6/49 Rpt: 9/52	
2	FILER NAME Texas Podia	tric Medical PAC		3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 04/11/2023	 Full name of contributor out-of-state PAC (ID#: Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$80.00
0	Dringing occu	Albany, TX 76430	Employer (See Instructions	<u> </u>		
8	podiatrist	pation / Job title (See Instructions)	Employer (See Instructions self	o)		
	Date 05/11/2023	Full name of contributor out-of-state PAC (ID#:_ Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$80.00
	Principal occu	Albany, TX 76430 pation / Job title (See Instructions)	Employer (See Instructions	·)		
	podiatrist	pation / 30b title (See Instructions)	self	P)		
	Date 06/11/2023	Full name of contributor out-of-state PAC (ID#:_ Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$80.00
		Albany, TX 76430				
	Principal occu podiatrist	pation / Job title (See Instructions)	Employer (See Instructions self	5)		
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID#:_ Browning DPM, Christopher (Dr.) Contributor address; City; State; Zip Code Temple, TX 76502)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Podiatrist		Baylor Scott & White			
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID#:_Browning DPM, Christopher (Dr.) Contributor address; City; State; Zip Code Temple, TX 76502			Amount of Contribution (\$)	\$30.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Baylor Scott & White	<u>(</u> S)		

IV	IONET	ARY POLITICAL CONTRIBUTION	JNS .	SCHEDULE A1
Tł	ne Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 7/49 Rpt: 10/52
	LER NAME	tric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Da		 Full name of contributor out-of-state PAC (ID#: Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code 	_	7 Amount of Contribution (\$) \$20.00
8 Pri	incinal occu	Austin, TX 78739 pation / Job title (See Instructions)	9 Employer (See Instructions)	
	ndiatrist	pation / Job title (See Instructions)	Self)
Da 02	ate 2/26/2023	Full name of contributor out-of-state PAC (ID#:_ Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.00
	,	Austin, TX 78739		
	ıncıpaı occu odiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self	
Da 03	ate 8/26/2023	Full name of contributor out-of-state PAC (ID#:_ Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.00
		Austin, TX 78739		
	incipal occu odiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self	
Da 04	nte J/26/2023	Full name of contributor out-of-state PAC (ID#: Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.00
		Austin, TX 78739		
	incipal occu odiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self)
Da 05	ate 5/26/2023	Full name of contributor out-of-state PAC (ID#:_Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code Austin, TX 78739)	Amount of Contribution (\$) \$20.00
Pri	incipal occu odiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self	

	MONET	ARY POLITICAL CONTRI	IBUTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	ete this form.	1	Fotal pages Schedule A1: Sch: 8/49 Rpt: 11/52	
2	FILER NAME	utric Medical PAC			Filer ID (Ethics Commission 00016210	n Filers)
1	Date	I	DAC (ID)	+		
4	06/26/2023	Bruyn DPM, Andrew (Dr.)	te PAC (ID#:)	. <i>'</i>	Amount of Contribution (\$)	\$20.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78739				
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions Self	s)		
	Date	Full name of contributor ut-of-state	te PAC (ID#:)	1	Amount of Contribution (\$)	
	06/01/2023	Buitrago DPM, Maria (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77025				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state	te PAC (ID#:)	<i> </i>	Amount of Contribution (\$)	
	06/23/2023	Buitrago DPM, Maria (Dr.)				\$50.00
		Contributor address; City; State; Zip Code	9	1		
		Houston TV 77025				
	Dringing coor	Houston, TX 77025	Employer (See Instructions	c) 		
	Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
		Full name of contributor		Τ,	Amount of Contribution (ft)	
	Date 01/24/2023	Full name of contributor out-of-state Butts DPM, Turner (Dr.)	te PAC (ID#:)	′	Amount of Contribution (\$)	\$10.00
	01/24/2023			.		Ψ10.00
		Contributor address, City, State, Zip Code	=			
		Spring, TX 77389				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state	te PAC (ID#:)	T A	Amount of Contribution (\$)	
	02/24/2023	Butts DPM, Turner (Dr.)				\$10.00
		Contributor address; City; State; Zip Code	9			
		Spring, TX 77389				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
_			L			

2 FILER NAM Texas Po 4 Date 03/24/202	S	9 Employer (See Instruction Self	3 F (Fotal pages Schedule A1: Sch: 9/49 Rpt: 12/52 Filer ID (Ethics Commission 00016210 Amount of Contribution (\$)	
Texas Po 4 Date 03/24/202 8 Principal or Podiatrist Date	Second S	9 Employer (See Instruction Self	7 A	00016210 Amount of Contribution (\$)	\$10.00
4 Date 03/24/202 8 Principal or Podiatrist Date	5 Full name of contributor out-of-state PAC (IE Butts DPM, Turner (Dr.) 6 Contributor address; City; State; Zip Code Spring, TX 77389 cupation / Job title (See Instructions) Full name of contributor out-of-state PAC (IE Butts DPM, Turner (Dr.)	9 Employer (See Instruction Self	7 A	Amount of Contribution (\$)	\$10.00
Podiatrist Date	Cupation / Job title (See Instructions) Full name of contributor	Self #:)			
Podiatrist Date	Full name of contributor out-of-state PAC (IE Butts DPM, Turner (Dr.)	Self #:)			
	Butts DPM, Turner (Dr.)		<i>A</i>		
				Amount of Contribution (\$)	\$10.00
	Spring, TX 77389				
Principal o Podiatrist	cupation / Job title (See Instructions)	Employer (See Instruction Self	ons)		
Date 05/24/202	Full name of contributor out-of-state PAC (IE Butts DPM, Turner (Dr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
	Spring, TX 77389				
Principal o Podiatrist	cupation / Job title (See Instructions)	Employer (See Instruction Self	ons)		
Date 06/24/202)#:)		Amount of Contribution (\$)	\$10.00
	Spring, TX 77389				
Principal of Podiatrist	cupation / Job title (See Instructions)	Employer (See Instruction Self	ons)		
Date 01/04/202	Full name of contributor out-of-state PAC (IE Caldwell DPM, Maureen (Dr.) Contributor address; City; State; Zip Code Victoria, TX 77901) #:)		Amount of Contribution (\$)	\$100.00
Principal o	cupation / Job title (See Instructions)	Employer (See Instruction Self	ons)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 10/49 Rpt: 13/52	
2	FILER NAME	tric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)
1	Date	_	<i>i.</i>		Amount of Contribution (\$)	
4	06/23/2023	5 Full name of contributor out-of-state PAC (ID# Campbell DPM, Leslie (Dr.)] '	Amount of Contribution (4)	\$500.00
		6 Contributor address; City; State; Zip Code				
		Allen, TX 75013	_			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions Self	s)		
	Date	Full name of contributor ut-of-state PAC (ID#	<i>‡</i> :)		Amount of Contribution (\$)	
	01/02/2023	Campbell DPM, Neil (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		V. d. v. TV 77005				
	Data da al acces	Yoakum, TX 77995	Farada a a (Carada a transfer a t	<u> </u>		
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date	Full name of contributor out-of-state PAC (ID#	<i>t</i> :)		Amount of Contribution (\$)	
	02/02/2023	Campbell DPM, Neil (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Yoakum, TX 77995				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#	<i>‡</i> :)		Amount of Contribution (\$)	
	03/02/2023	Campbell DPM, Neil (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Yoakum, TX 77995				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>		
	Podiatrist	panent see and (eee menashere)	Self	-,		
	Date	Full name of contributor out-of-state PAC (ID#	<i>t</i> :)		Amount of Contribution (\$)	
	04/02/2023	Campbell DPM, Neil (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Voolum TV 7700E				
	Drincinal occur	yoakum, TX 77995 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Principal occu Podiatrist	pation / Job title (See Instituctions)	Self	·)		

	MONEI	ARY POLITICAL CONTRIBUTIO)NS	SCHEDULE A	1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 11/49 Rpt: 14/52	
2	FILER NAME	tric Medical PAC		3 Filer ID (Ethics Commission File 00016210	rs)
_			,		
4	Date 05/02/2023	 5 Full name of contributor out-of-state PAC (ID#:_ Campbell DPM, Neil (Dr.) 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$	25.00
•	Dringinal occu	Yoakum, TX 77995 pation / Job title (See Instructions)	Employer (See Instructional	one)	
0	Podiatrist	pation / Job title (See instructions)	9 Employer (See Instructions Self	uris)	
	Date 06/02/2023	Full name of contributor out-of-state PAC (ID#:_ Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$	25.00
		Yoakum, TX 77995			
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self	ons)	
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID#:_ Charles, Dietzen Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$:	50.00
		Harker Heights, TX 76548			
	Principal occu Medical Sale	pation / Job title (See Instructions) S	Employer (See Instructions	ons)	
	Date 02/08/2023	Full name of contributor out-of-state PAC (ID#:_ Childers Jr., Richard (Dr.) Contributor address; City; State; Zip Code Boerne, TX 78015		Amount of Contribution (\$) \$8	62.50
	Principal occu Podaitrist	pation / Job title (See Instructions)	Employer (See Instructions Self	ons)	
	Date 01/10/2023	Full name of contributor out-of-state PAC (ID#:_Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code Abilene, TX 79606)	Amount of Contribution (\$) \$1	00.00
	Principal occu podiatrist	pation / Job title (See Instructions)	Employer (See Instructions self	ons)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 12/49 Rpt: 15/52	
2	FILER NAME	tric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)
1	Date	5 Full name of contributor out-of-state PAC (ID#	<i>i</i> .	7	Amount of Contribution (\$)	
•	02/10/2023	Clawson DPM, Lacey (Dr.)		ľ	γ another of Contribution (Φ)	\$100.00
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79606				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	podiatrist		self			
	Date	Full name of contributor out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	03/10/2023	Clawson DPM, Lacey (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Abilana TY 70606				
	Principal occu	Abilene, TX 79606 pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	podiatrist	pation 7 000 title (occ mondonors)	self	٠,		
	Date	Full name of contributor	<u> </u>	Τ	Amount of Contribution (\$)	
	04/10/2023	Clawson DPM, Lacey (Dr.)			(,,	\$100.00
		Contributor address; City; State; Zip Code		1		
	Delevie el escer	Abilene, TX 79606	Formula on (One brother)	<u> </u>		
	podiatrist	pation / Job title (See Instructions)	Employer (See Instructions self	5)		
	•	Full name of contributor		_	Amount of Contribution (f)	
	Date 05/10/2023	Full name of contributor out-of-state PAC (ID# Clawson DPM, Lacey (Dr.)	t:)		Amount of Contribution (\$)	\$100.00
	00/10/2020			ł		Ψ100.00
		Continuation taudicess, Only, States, 21p Code				
		Abilene, TX 79606	1			
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	podiatrist		self	_		
	Date	Full name of contributor out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	# 4.00.00
	06/10/2023	Clawson DPM, Lacey (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79606				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	podiatrist		self			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/49 Rpt: 16/52	
2	FILER NAME Texas Podia	atric Medical PAC		3	Filer ID (Ethics Commission 00016210	on Filers)
4	Date 01/23/2023	5 Full name of contributor out-of-state PAC (ID#:_ Cramer DPM, Gary (Dr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_	Deinsinal	Gatesville, TX 76528	10 Familiary (0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
8	Principal occu Podiatrist	ipation / Job title (See Instructions)	9 Employer (See InstructionsSelf)		
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID#:_ Dhami DPM, Jaskern (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Dein sin al a a a a	Carrollton, TX 75007	Form lawar (Construction			
	Principal occu Podiatrist	ipation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 01/26/2023	Full name of contributor out-of-state PAC (ID#:_ Dodder DPM, Jason (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Sherman, TX 75092				
	Principal occu Podiatrist	ipation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 02/26/2023	Full name of contributor out-of-state PAC (ID#:_ Dodder DPM, Jason (Dr.) Contributor address; City; State; Zip Code Sherman, TX 75092			Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 03/26/2023	Full name of contributor out-of-state PAC (ID#:_ Dodder DPM, Jason (Dr.) Contributor address; City; State; Zip Code Sherman, TX 75092			Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	ipation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONEI	ARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A1	•
	The Instruc	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 14/49 Rpt: 17/52	
	FILER NAME Texas Podia	tric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210	
4	Date 04/26/2023	 Full name of contributor		7 Amount of Contribution (\$) \$20	.00
_		Sherman, TX 75092			
	Principal occu _l Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions)Self		
	Date 05/26/2023	Full name of contributor out-of-state PAC (ID Dodder DPM, Jason (Dr.) Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$20	.00
		Sherman, TX 75092			
	Principal occu _l Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self		
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID Dodder DPM, Jason (Dr.) Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$20	.00
		Sherman, TX 75092			
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self		
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID Driscoll, Stephen Contributor address; City; State; Zip Code New Braunfels, TX 78130	#:)	Amount of Contribution (\$) \$50	.00
	Principal occu Medical Sale	pation / Job title (See Instructions)	Employer (See Instructions))	
	Date 01/25/2023	Full name of contributor	#:)	Amount of Contribution (\$) \$40	.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTR	RIBUTIONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to comp	lete this form.	1	Total pages Schedule A1: Sch: 15/49 Rpt: 18/52	
2	FILER NAME	tric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)
_		_		<u> </u>		
4	Date 02/25/2023	Ford DPM, Kris (Dr.)	ate PAC (ID#:		Amount of Contribution (\$)	\$40.00
			ue			
		La Vernia, TX 78121				
8	Principal occu Podiatris	pation / Job title (See Instructions)	9 Employer (See Instruction Self	tions)		
	Date	Full name of contributor ut-of-st	ate PAC (ID#:)	Amount of Contribution (\$)	
	03/25/2023	Ford DPM, Kris (Dr.)				\$40.00
		Contributor address; City; State; Zip Coo	de			
		La Vernia, TX 78121				
		pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Podiatris		Self			
	Date	—	ate PAC (ID#:)	Amount of Contribution (\$)	
	04/25/2023	Ford DPM, Kris (Dr.)				\$40.00
		Contributor address; City; State; Zip Coo	de			
		La Vernia, TX 78121	1 =			
		pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Podiatris		Self			
	Date	—	ate PAC (ID#:)	Amount of Contribution (\$)	
	05/25/2023	Ford DPM, Kris (Dr.)				\$40.00
		Contributor address; City; State; Zip Coo	de			
		La Vernia, TX 78121				
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instruc	tione)		
	Podiatris	pation / Job title (See Instructions)	Self	,tions)		
					A	
	Date	—	ate PAC (ID#:)	Amount of Contribution (\$)	#40.00
	06/25/2023	Ford DPM, Kris (Dr.)				\$40.00
		Contributor address; City; State; Zip Cod	de			
		La Vernia, TX 78121				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Principal occu Podiatris	padott 500 dde (366 Hishacholis)	Self	,uo113)		
	i oulauls		Jell			

The Instruc				
	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 16/49 Rpt: 19/52	
2 FILER NAME Texas Podiat	tric Medical PAC		3 Filer ID (Ethics Commission 00016210	Filers)
4 Date 06/26/2023	 Full name of contributor		7 Amount of Contribution (\$)	\$50.00
O Drivering Language	Waco, TX 76712	O Faralana (O a la destruction)	V	
8 Principal occup Medical Sales	pation / Job title (See Instructions) S	9 Employer (See Instructions))	
Date 06/23/2023	Full name of contributor out-of-state PAC (ID#:_ Fox, Jordan Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00
	Pflugerville, TX 78660			
Principal occup Medical Sales	pation / Job title (See Instructions) S	Employer (See Instructions))	
Date 01/25/2023	Full name of contributor out-of-state PAC (ID#:_ Gaynor-Elko DPM, Caroline (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$40.00
	San Antonio, TX 78251			
Principal occup Podiatrist	oation / Job title (See Instructions)	Employer (See Instructions) Self)	
Date 02/25/2023	Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$40.00
Principal occur	San Antonio, TX 78251 pation / Job title (See Instructions)	Employer (See Instructions)	
Podiatrist	, ,	Self		
Date 03/25/2023	Full name of contributor out-of-state PAC (ID#:_ Gaynor-Elko DPM, Caroline (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78251)	Amount of Contribution (\$)	\$40.00
Principal occup Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self)	

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 17/49 Rpt: 20/52	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	r Filers)
_					 		
4	Date 04/25/2023	 5 Full name of contributor out-of-state PAC (II Gaynor-Elko DPM, Caroline (Dr.) 6 Contributor address; City; State; Zip Code 	D#:)	'	Amount of Contribution (\$)	\$40.00
		San Antonio, TX 78251					
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Poulatiist				_		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	05/25/2023	Gaynor-Elko DPM, Caroline (Dr.)					\$40.00
		Contributor address; City; State; Zip Code]		
		San Antonio, TX 78251			Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Podiatrist			Self			
	Date	Full name of contributor ut-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	06/25/2023	Gaynor-Elko DPM, Caroline (Dr.)					\$40.00
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78251					
	Principal occu	pation / Job title (See Instructions)	-	Employer (See Instructions	:, 		
	Podiatrist	pation 7 305 title (See Instructions)		Self	رد		
					_		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	475.00
	01/04/2023	Graff DPM, Jeremiah (Dr.)					\$75.00
		Contributor address; City; State; Zip Code					
		Plano, TX 75093					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Podiatrist			Self			
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	02/04/2023	Graff DPM, Jeremiah (Dr.)					\$75.00
		Contributor address; City; State; Zip Code			1		
		Plano, TX 75093					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Podiatrist			Self			

	MONEI	ARY POLITICAL CONTRIBUTION	יוכ	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 18/49 Rpt: 21/52	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		tric Medical PAC			L	00016210	
4	Date 03/04/2023	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$75.00
		Plano, TX 75093					
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 04/04/2023	Full name of contributor out-of-state PAC (ID#:_ Graff DPM, Jeremiah (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
	Dringinal acqu	Plano, TX 75093 pation / Job title (See Instructions)	_	Employer (See Instructions	·/		
	Podiatrist	pation / Job title (See Instituctions)		Self	·)		
	Date 05/04/2023	Full name of contributor out-of-state PAC (ID#:_ Graff DPM, Jeremiah (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
		Plano, TX 75093					
	·	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Podiatrist			Self	_		
	Date 06/04/2023	Full name of contributor out-of-state PAC (ID#:_ Graff DPM, Jeremiah (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
	Dringing con	Plano, TX 75093	_	Employer (Coo Instructions	<u></u>		
	Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	•)		
	Date 04/07/2023	Full name of contributor out-of-state PAC (ID#:_Harper DPM, Sean (Dr.) Contributor address; City; State; Zip Code Lubbock, TX 79424				Amount of Contribution (\$)	\$200.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

V ∟ 1 /	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
nstruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 19/49 Rpt: 22/52	
NAME Podiati	ric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)
	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
2023	Harvey DPM, Peter M. (Dr.)		ľ	Amount of Contribution (4)	\$100.00
Ī	6 Contributor address; City; State; Zip Code				
	Wichita Falls, TX 76301				
al occup rist	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
T	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
2023	Hernandez DPM, Eduardo (Dr.)				\$10.00
	Contributor address; City; State; Zip Code				
	Temple, TX 76502				
al occup	oation / Job title (See Instructions)	Employer (See Instructions	5)		
rist		Self			
	Full name of contributor uut-of-state PAC (ID#:)		Amount of Contribution (\$)	
2023	Hernandez DPM, Eduardo (Dr.)				\$10.00
	Contributor address; City; State; Zip Code				
	Temple, TX 76502				
•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
rist		Self			
	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*
2023					\$10.00
	Contributor address; City; State; Zip Code				
	Temple, TX 76502				
•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
rist		Self			
	—)		Amount of Contribution (\$)	
2023	Hernandez DPM, Eduardo (Dr.)				\$10.00
	Contributor address; City; State; Zip Code				
	Temple, TX 76502				
al occup rist	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
202 al oc		Hernandez DPM, Eduardo (Dr.) Contributor address; City; State; Zip Code	Full name of contributor	Full name of contributor out-of-state PAC (ID#:) Hernandez DPM, Eduardo (Dr.) Contributor address; City; State; Zip Code Temple, TX 76502 ccupation / Job title (See Instructions) Employer (See Instructions)	Full name of contributor out-of-state PAC (ID#:) Hernandez DPM, Eduardo (Dr.) Contributor address; City; State; Zip Code Temple, TX 76502 ccupation / Job title (See Instructions) Amount of Contribution (\$)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/49 Rpt: 23/52	
2	FILER NAME Texas Podia	tric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 05/26/2023	5 Full name of contributor out-of-state PAC (ID#:_ Hernandez DPM, Eduardo (Dr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	Deinsinal	Temple, TX 76502	D. Faralana (Garalana)			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions Self)		
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#:_ Huntsman DPM, Kevin (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Deinsinal assu	Fate, TX 75087	Franks von (Cook both vot in no			
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 01/06/2023	Full name of contributor out-of-state PAC (ID#: Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Katy, TX 77450				
	Principal occu podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 02/06/2023	Full name of contributor out-of-state PAC (ID#:_ Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code Katy, TX 77450			Amount of Contribution (\$)	\$100.00
	Principal occu podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 03/06/2023	Full name of contributor out-of-state PAC (ID#:_ Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code Katy, TX 77450			Amount of Contribution (\$)	\$100.00
	Principal occu podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/49 Rpt: 24/52	
2	FILER NAME Texas Podia	itric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 04/06/2023	 Full name of contributor out-of-state PAC (ID#:_ Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Katy, TX 77450				
8	podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 05/06/2023	Full name of contributor out-of-state PAC (ID#:_ Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringinal occu	Katy, TX 77450 pation / Job title (See Instructions)	Employer (See Instructions			
	podiatrist	pation / Job title (See Instructions)	Self	<u>, </u>		
	Date 06/06/2023	Full name of contributor out-of-state PAC (ID#:_ Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Katy, TX 77450				
	Principal occu podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 01/01/2023	Full name of contributor out-of-state PAC (ID#:_ John DPM, Shine (Dr.) Contributor address; City; State; Zip Code Austin, TX 78738			Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 02/01/2023	Full name of contributor out-of-state PAC (ID#:_ John DPM, Shine (Dr.) Contributor address; City; State; Zip Code Austin, TX 78738			Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		

The Instruc				
	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 22/49 Rpt: 25/52	
2 FILER NAME Texas Podia	tric Medical PAC		3 Filer ID (Ethics Commission 00016210	Filers)
4 Date 03/01/2023	 5 Full name of contributor out-of-state PAC (ID#:_ John DPM, Shine (Dr.) 6 Contributor address; City; State; Zip Code 	_	7 Amount of Contribution (\$)	\$25.00
9 Principal cook	Austin, TX 78738	Employer (See Instructions)	Y	
Principal occup Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions) Self)	
Date 04/01/2023	Full name of contributor out-of-state PAC (ID#:_ John DPM, Shine (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00
Principal occu	Austin, TX 78738 pation / Job title (See Instructions)	Employer (See Instructions	1	
Podiatrist	pation 7 300 title (See Instructions)	Self)	
Date 05/01/2023	Full name of contributor out-of-state PAC (ID#:_ John DPM, Shine (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00
	Austin, TX 78738			
Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self)	
Date 06/01/2023	Full name of contributor out-of-state PAC (ID#:_ John DPM, Shine (Dr.) Contributor address; City; State; Zip Code Austin, TX 78738)	Amount of Contribution (\$)	\$25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Podiatrist		Self		
Date 06/23/2023	Full name of contributor out-of-state PAC (ID#:_ Johnson DPM, Matthew (Dr.) Contributor address; City; State; Zip Code Coppell, TX 75019)	Amount of Contribution (\$)	\$50.00
Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self)	

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 23/49 Rpt: 26/52	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 01/25/2023	 Full name of contributor out-of-state PAC (I Khavari DPM, Naghmeh Lilly (Dr.) Contributor address; City; State; Zip Code 	ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Podiatrist	Plano, TX 75024 pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 03/25/2023	Full name of contributor	ID#:		•	Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	Plano, TX 75024 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 04/25/2023	Full name of contributor out-of-state PAC (I Khavari DPM, Naghmeh Lilly (Dr.) Contributor address; City; State; Zip Code	ID#:			Amount of Contribution (\$)	\$50.00
		Plano, TX 75024			Ĺ		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 05/25/2023	Full name of contributor out-of-state PAC (I Khavari DPM, Naghmeh Lilly (Dr.) Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	Plano, TX 75024 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 06/25/2023	Full name of contributor out-of-state PAC (I Khavari DPM, Naghmeh Lilly (Dr.) Contributor address; City; State; Zip Code Plano, TX 75024	I ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

		MONETARY POLITICAL CONTRIBUTIONS			
	The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/49 Rpt: 27/52	
2	FILER NAME Texas Podia	tric Medical PAC		3 Filer ID (Ethics Commission 00016210	Filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
	01/11/2023	LaGrone DPM, Frances (Dr.)	,	(,)	\$10.00
		6 Contributor address; City; State; Zip Code			
		Sour Lake, TX 77659			
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self)	
_	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	02/11/2023	LaGrone DPM, Frances (Dr.)			\$10.00
		Contributor address; City; State; Zip Code			
		Sour Lake, TX 77659			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Podiatrist		Self		
	Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of Contribution (\$)	
	03/11/2023	LaGrone DPM, Frances (Dr.)			\$10.00
		Contributor address; City; State; Zip Code			
		Sour Lake, TX 77659			
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self		
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
	04/11/2023	LaGrone DPM, Frances (Dr.)			\$10.00
		Contributor address; City; State; Zip Code			
		Sour Lake, TX 77659			
	•	pation / Job title (See Instructions)	Employer (See Instructions)		
	Podiatrist		Self		
	Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of Contribution (\$)	
	05/11/2023	LaGrone DPM, Frances (Dr.)			\$10.00
		Contributor address; City; State; Zip Code			
		Sour Lake, TX 77659			
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 25/49 Rpt: 28/52		
2	FILER NAME	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	r Filers)	
_					L			
4	Date 06/11/2023	 Full name of contributor out-of-state PAC (ID# LaGrone DPM, Frances (Dr.) Contributor address; City; State; Zip Code 	#:)	7	Amount of Contribution (\$)	\$10.00	
		Sour Lake, TX 77659						
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)			
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)		
	01/26/2023	Langlois DPM, Michael (Dr.)					\$25.00	
		Contributor address; City; State; Zip Code						
		San Antonio, TX 78249						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)			
	Podiatrist			Self				
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)		
	02/26/2023	Langlois DPM, Michael (Dr.)					\$25.00	
		Contributor address; City; State; Zip Code			1			
		San Antonio, TX 78249						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Podiatrist			Self				
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)		
	03/26/2023	Langlois DPM, Michael (Dr.)					\$25.00	
		Contributor address; City; State; Zip Code			ł			
		Commission dual cook, Only, Clarce, Elp Code						
		San Antonio, TX 78249						
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	<u></u>			
	Podiatrist			Self				
	Date	Full name of contributor out-of-state PAC (ID#	<u>.</u>)	Г	Amount of Contribution (\$)		
	04/26/2023	Langlois DPM, Michael (Dr.)	· ·	<i></i>		7 41104111 61 6011411544611 (4)	\$25.00	
	0 1/20/2020	-			-		Ψ20.00	
		Contributor address; City; State; Zip Code						
		San Antonio, TX 78249						
	Principal occu	pation / Job title (See Instructions)	\neg	Employer (See Instructions	<u> </u>			
	Podiatrist			Self	-,			

2 FILER NAI Texas Po 4 Date 05/26/202 8 Principal o Podiatrist Date 06/26/202 Principal o Podiatrist Date 01/20/202 Principal o Podiatrist Date 02/20/202)NE I A	ARY POLITICAL CONTRIBUTION	ONS	SCH	HEDULE A1
Texas Po Jate 05/26/202 Principal o Podiatrist Date 06/26/202 Principal o Podiatrist Date 01/20/202 Principal o Podiatrist Date 02/20/202 Principal o Podiatrist Date 02/20/202	Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedu Sch: 26/49 Rpt: 29	
8 Principal o Podiatrist Date 06/26/202 Principal o Podiatrist Date 01/20/202 Principal o Podiatrist Date 02/20/202 Principal o Podiatrist Date 02/20/202		iria Madigal DAC		3 Filer ID (Ethics Co 00016210	mmission Filers)
8 Principal o Podiatrist Date 06/26/202 Principal o Podiatrist Date 01/20/202 Principal o Podiatrist Date 02/20/202 Principal o Podiatrist Date 02/20/202					
Principal o Podiatrist Date 06/26/202 Principal o Podiatrist Date 02/20/202 Principal o Podiatrist Date 02/20/202	6/2023	5 Full name of contributor out-of-state PAC (ID# Langlois DPM, Michael (Dr.)		7 Amount of Contribut	s25.00
Principal o Podiatrist Date 06/26/202 Principal o Podiatrist Date 02/20/202 Principal o Podiatrist Date 02/20/202		6 Contributor address; City; State; Zip Code			
Principal o Podiatrist Date 06/26/202 Principal o Podiatrist Date 02/20/202 Principal o Podiatrist Date 02/20/202		San Antonio, TX 78249			
Principal o Podiatrist Date 01/20/202 Principal o Podiatrist Date 02/20/202 Principal o Podiatrist Date Date		pation / Job title (See Instructions)	Employer (See Instructions Self	5)	
Principal o Podiatrist Date 01/20/202 Principal o Podiatrist Date 02/20/202 Principal o Podiatrist		Full name of contributor ut-of-state PAC (ID#	:)	Amount of Contribut	ion (\$)
Principal o Principal o Podiatrist Date 02/20/202	6/2023	Langlois DPM, Michael (Dr.)			\$25.00
Principal o Principal o Podiatrist Date 02/20/202		Contributor address; City; State; Zip Code		1	
Principal o Principal o Podiatrist Date 02/20/202					
Principal o Principal o Podiatrist Date 02/20/202		Con Antonio TV 70240			
Principal o Principal o Podiatrist Date 02/20/202	nal aggun	San Antonio, TX 78249 pation / Job title (See Instructions)	Employer (See Instructions		
Principal o Podiatrist Principal o Podiatrist Date 02/20/202		Janon 7 Job line (See Instructions)	Employer (See Instructions Self	o)	
Principal o Podiatrist Date 02/20/202 Principal o Podiatrist Date		Full name of contributor	1	Amount of Contribut	ion (t)
Principal o Podiatrist Date 02/20/202 Principal o Podiatrist Date	1/2023	Full name of contributor	:)	Amount of Contribut	\$15.00
Podiatrist Date 02/20/202 Principal o Podiatrist Date		Contributor address; City; State; Zip Code			Ψ10.00
Podiatrist Date 02/20/202 Principal o Podiatrist Date		Contributor address, City, State, Zip Code			
Podiatrist Date 02/20/202 Principal o Podiatrist Date					
Podiatrist Date 02/20/202 Principal o Podiatrist Date		Fort Worth, TX 76179			
Date 02/20/202 Principal o Podiatrist	pal occup	pation / Job title (See Instructions)	Employer (See Instructions	6)	
O2/20/202 Principal o Podiatrist Date	atrist		Self		
Principal o Podiatrist Date		Full name of contributor ut-of-state PAC (ID#	:)	Amount of Contribut	ion (\$)
Podiatrist Date	0/2023	Law DPM, Rona (Dr.)			\$10.00
Podiatrist Date		Contributor address; City; State; Zip Code			
Podiatrist Date					
Podiatrist Date		Fort Worth, TX 76179			
Podiatrist Date	nal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	
			Self	-,	
		Full name of contributor out-of-state PAC (ID#	.)	Amount of Contribut	ion (\$)
	0/2023	Law DPM, Rona (Dr.)			\$10.00
	-	Contributor address; City; State; Zip Code		-	
		Fort Worth, TX 76179	_		
•		pation / Job title (See Instructions)	Employer (See Instructions	5)	
Podiatrist	atrist		Self		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
1	he Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 27/49 Rpt: 30/52		
	ILER NAME exas Podia	tric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210		
4 C		 Full name of contributor		7 Amount of Contribution (\$) \$10.00		
8 P	rincipal occu	Fort Worth, TX 76179 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	odiatrist	, ,	Self	,		
	Date 15/20/2023	Full name of contributor out-of-state PAC (ID#: Law DPM, Rona (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10.00		
		Fort Worth, TX 76179				
	rincipal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Pate 16/20/2023	Full name of contributor		Amount of Contribution (\$) \$10.00		
		Fort Worth, TX 76179				
	rincipal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self			
	Pate 11/10/2023	Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.00		
P	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
F	Podiatrist		Self			
	Pate 12/10/2023	Full name of contributor out-of-state PAC (ID#: Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code Keller, TX 76244		Amount of Contribution (\$) \$20.00		
P	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/49 Rpt: 31/52	
2	FILER NAME Texas Podia	atric Medical PAC		3	Filer ID (Ethics Commission 00016210	ı Filers)
4	Date 03/10/2023	Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_	<u> </u>	Keller, TX 76244				
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions Self)		
	Date 04/10/2023	Full name of contributor out-of-state PAC (ID#:_Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Deignaignal annu	Keller, TX 76244	Frankrije (Coo krativistiana			
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 05/10/2023	Full name of contributor out-of-state PAC (ID#:_ Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Keller, TX 76244				
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 06/10/2023	Full name of contributor out-of-state PAC (ID#:_ Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code Keller, TX 76244			Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID#:_Leija, Jamie Contributor address; City; State; Zip Code Casa Grande, AZ 85122			Amount of Contribution (\$)	\$50.00
	Principal occu Medical Sale	upation / Job title (See Instructions)	Employer (See Instructions)		

2 FILER NAME Texas Podiatri 4 Date 01/29/2023 8 Principal occupa podiatrist Date 06/23/2023 Principal occupa Podiatrist Date 01/26/2023	tion Guide explains how to complete this feating Medical PAC Full name of contributor	9 Employer (See Instructions	Amount of Contribution (\$) \$100.00
Texas Podiatria Jate 01/29/2023 Principal occupate podiatrist Principal occupate Podiatrist Date 06/23/2023 Principal occupate Podiatrist Date 01/26/2023 Principal occupate Podiatrist	Evaluation Description Des	9 Employer (See Instructions self	7 Amount of Contribution (\$) \$300.00 S) Amount of Contribution (\$) \$100.00
A Date 01/29/2023 8 Principal occupa podiatrist Date 06/23/2023 Principal occupa Podiatrist Date 01/26/2023 Principal occupa	Evaluation Description Des	9 Employer (See Instructions self	7 Amount of Contribution (\$) \$300.00 Solution (\$) Amount of Contribution (\$) \$100.00
podiatrist Date 06/23/2023 Principal occupa Podiatrist Date 01/26/2023 Principal occupa	Full name of contributor	Self Employer (See Instructions	Amount of Contribution (\$) \$100.00
podiatrist Date 06/23/2023 Principal occupa Podiatrist Date 01/26/2023 Principal occupa	Full name of contributor out-of-state PAC (ID#:_Lorenzana DPM, Jonathan (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78258 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	Self Employer (See Instructions	Amount of Contribution (\$) \$100.00
Principal occupa Podiatrist Date 01/26/2023	Lorenzana DPM, Jonathan (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78258 ation / Job title (See Instructions) Full name of contributor	Employer (See Instructions	\$100.00 s)
Podiatrist Date 01/26/2023	ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:		
Podiatrist Date 01/26/2023	Full name of contributor		
01/26/2023	-)	Amount of Contribution (ft)
	Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.00
	Temple, TX 76504		
	ation / Job title (See Instructions)	Employer (See Instructions Self	5)
Date 02/26/2023	Full name of contributor out-of-state PAC (ID#:_ Lynch DPM, D. Matt (Dr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$20.00
Principal occupa	Temple, TX 76504 ation / Job title (See Instructions)	Employer (See Instructions	5)
Podiatrist	audit / 305 tille (See manuellons)	Self	3)
Date 04/26/2023	Full name of contributor out-of-state PAC (ID#:_Lynch DPM, D. Matt (Dr.) Contributor address; City; State; Zip Code Temple, TX 76504		Amount of Contribution (\$) \$20.00
Principal occupa Podiatrist	ation / Job title (See Instructions)	Employer (See Instructions Self	S)

_	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A			
	The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 30/49 Rpt: 33/52			
2	FILER NAME	tric Medical PAC		3 Filer ID (Ethics Commission 00016210	Filers)		
_	Date	5 Full name of contributor ut-of-state PAC (ID#:_	,	7 Amount of Contribution (\$)			
7	05/26/2023	Lynch DPM, D. Matt (Dr.)	_	7 Amount of Contribution (\$)	\$20.00		
		6 Contributor address; City; State; Zip Code					
		Temple, TX 76504					
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions)Self				
	Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of Contribution (\$)			
	06/26/2023	Lynch DPM, D. Matt (Dr.)			\$20.00		
		Contributor address; City; State; Zip Code					
		Temple, TX 76504					
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self				
	Date	Full name of contributor)	Amount of Contribution (\$)			
	01/26/2023	MacTavish DPM, Lawrence (Dr.)		,,	\$20.00		
		Contributor address; City; State; Zip Code					
		Houston, TX 77068					
	Principal occup Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self				
_	Date	Full name of contributor)	Amount of Contribution (\$)			
	02/26/2023	MacTavish DPM, Lawrence (Dr.)	,	()	\$20.00		
		Contributor address; City; State; Zip Code					
		Houston, TX 77068					
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Podiatrist		Self				
_	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)			
	03/26/2023	MacTavish DPM, Lawrence (Dr.)			\$20.00		
		Contributor address; City; State; Zip Code					
		Houston, TX 77068					
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 31/49 Rpt: 34/52	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Podia	tric Medical PAC				00016210	
4	Date 04/26/2023	 Full name of contributor out-of-state PAC (ID#:_MacTavish DPM, Lawrence (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
		Houston, TX 77068	1_	5 1 (0 1 1 1			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self			
	Date 05/26/2023	Full name of contributor				Amount of Contribution (\$)	\$20.00
	Princinal occu	Houston, TX 77068 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Podiatrist	pation 7 oob title (occ motivations)		Self	,,		
	Date 06/26/2023	Full name of contributor)		Amount of Contribution (\$)	\$20.00
		Houston, TX 77068					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/26/2023	Full name of contributor out-of-state PAC (ID#:_ MacTavish DPM, Scott (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 02/26/2023	Full name of contributor out-of-state PAC (ID#:_MacTavish DPM, Scott (Dr.) Contributor address; City; State; Zip Code Houston, TX 77090)		Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/49 Rpt: 35/52	
2	FILER NAME Texas Podia	utric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 03/26/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Houston, TX 77090 pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Podiatrist Date 04/10/2023	Full name of contributor out-of-state PAC (ID#:_ MacTavish DPM, Scott (Dr.) Contributor address; City; State; Zip Code Houston, TX 77090	Self		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 04/26/2023	Full name of contributor out-of-state PAC (ID#:_ MacTavish DPM, Scott (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Houston, TX 77090				
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self	i)		
	Date 05/26/2023	Full name of contributor out-of-state PAC (ID#:_ MacTavish DPM, Scott (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77090 pation / Job title (See Instructions)	Employer (See Instructions			
	Podiatrist	pation / 300 title (See Instructions)	Self	')		
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#: MacTavish DPM, Scott (Dr.) Contributor address; City; State; Zip Code Houston, TX 77090			Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self	<u> </u>		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	.E А1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/49 Rpt: 36/52		
2	FILER NAME Texas Podia	utric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)	
4	Date 06/24/2023	Full name of contributor)	7	Amount of Contribution (\$)	\$200.00	
_	Dringing Local	Conroe, TX 77304	0 Employer (Coo Instructions				
8	Principal occu Podiatrist	ipation / Job title (See Instructions)	9 Employer (See Instructions Self)			
	Date 01/10/2023	Full name of contributor out-of-state PAC (ID#:_ Margolis DPM, Scott (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Houston, TX 77090-2611 upation / Job title (See Instructions)	Employer (See Instructions				
	Podiatrist	pation / Job title (See Instructions)	Self)			
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Margolis DPM, Scott (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Houston, TX 77090-2611					
	Principal occu Podiatrist	ipation / Job title (See Instructions)	Employer (See Instructions Self)			
	Date 03/10/2023	Full name of contributor out-of-state PAC (ID#:_Margolis DPM, Scott (Dr.) Contributor address; City; State; Zip Code Houston, TX 77090-2611			Amount of Contribution (\$)	\$100.00	
	Principal occu Podiatrist	I pation / Job title (See Instructions)	Employer (See Instructions Self)			
	Date 05/10/2023	Full name of contributor out-of-state PAC (ID#:_ Margolis DPM, Scott (Dr.) Contributor address; City; State; Zip Code Houston, TX 77090-2611			Amount of Contribution (\$)	\$100.00	
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/49 Rpt: 37/52	
2	FILER NAME Texas Podia	atric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 06/10/2023	Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Dringing Local	Houston, TX 77090-2611	D. Employer (See Instructions			
8	Principal occu Podiatrist	ipation / Job title (See Instructions)	9 Employer (See Instructions Self)		
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#:_ Martin DPM, Joe E. (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	College Station, TX 77845 upation / Job title (See Instructions)	Employer (See Instructions			
	Podiatrist	pation / sob title (see instructions)	Self	,		
	Date 06/02/2023	Full name of contributor out-of-state PAC (ID#:_ McCarty DPM, Kathren (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		San Antonio, TX 78240				
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID#:_ McCreary DPM, Jon (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76107)		Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 01/25/2023	Full name of contributor out-of-state PAC (ID#:_Miles DPM, Jerry (Dr.) Contributor address; City; State; Zip Code Houston, TX 77090)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/49 Rpt: 38/52	
2	FILER NAME Texas Podia	atric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 02/25/2023	5 Full name of contributor out-of-state PAC (ID#:_Miles DPM, Jerry (Dr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Deinsinal	Houston, TX 77090	lo 5			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 03/25/2023	Full name of contributor out-of-state PAC (ID#:_ Miles DPM, Jerry (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringing ogg	Houston, TX 77090	Employer (See Instructions			
	Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 04/25/2023	Full name of contributor out-of-state PAC (ID#:_ Miles DPM, Jerry (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77090				
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 05/25/2023	Full name of contributor out-of-state PAC (ID#:_Miles DPM, Jerry (Dr.) Contributor address; City; State; Zip Code Houston, TX 77090			Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 06/25/2023	Full name of contributor out-of-state PAC (ID#:_Miles DPM, Jerry (Dr.) Contributor address; City; State; Zip Code Houston, TX 77090			Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONEI	ARY POLITICAL CONTRIBUTION	JΝ	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 36/49 Rpt: 39/52	
2	FILER NAME	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
_		_			ļ_		
4	Date 01/14/2023	 Full name of contributor out-of-state PAC (ID#:_ Miller DPM, Jason C. (Dr.) Contributor address; City; State; Zip Code)	 	Amount of Contribution (\$)	\$100.00
		Kingwood, TX 77339					
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 02/14/2023	Full name of contributor out-of-state PAC (ID#:_ Miller DPM, Jason C. (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Kingwood, TX 77339	_		L		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 03/14/2023	Full name of contributor out-of-state PAC (ID#:_ Miller DPM, Jason C. (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Kingwood, TX 77339					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Podiatrist			Self			
	Date 04/14/2023	Full name of contributor out-of-state PAC (ID#:_ Miller DPM, Jason C. (Dr.) Contributor address; City; State; Zip Code Kingwood, TX 77339)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:	<u>L</u>)	Г	Amount of Contribution (#)	
	05/14/2023	Full name of contributor out-of-state PAC (ID#:_ Miller DPM, Jason C. (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
		Kingwood, TX 77339					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/49 Rpt: 40/52	
2	FILER NAME	tric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)
_		_		Ŀ		
4	Date 06/14/2023	5 Full name of contributor out-of-state PAC (ID#:_ Miller DPM, Jason C. (Dr.)		<u> </u>	Amount of Contribution (\$)	\$100.00
		6 Contributor address; City; State; Zip Code				
		Kingwood, TX 77339				
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions Self	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/26/2023	Morrison DPM, Christian (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Fairview, TX 75069				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/26/2023	Morrison DPM, Christian (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Fairview, TX 75069				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	03/26/2023	Morrison DPM, Christian (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Fairview, TX 75069				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	04/26/2023	Morrison DPM, Christian (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Fairview, TX 75069				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	Podiatrist	,	Self	,		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/49 Rpt: 41/52	
2	FILER NAME	utric Medical PAC		3	Filer ID (Ethics Commission 00016210	Filers)
1	Date	5 Full name of contributor out-of-state PAC (ID#:_	,	7	Amount of Contribution (\$)	
•	05/26/2023	Morrison DPM, Christian (Dr.)		ļ .	7 mount of Contribution (4)	\$25.00
		6 Contributor address; City; State; Zip Code				
		Fairview, TX 75069				
8	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/26/2023	Morrison DPM, Christian (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Fairview, TX 75069				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/27/2023	Murdoch DPM, Douglas (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Temple, TX 76502				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/27/2023	Murdoch DPM, Douglas (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Temple, TX 76502				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I </u>		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	03/27/2023	Murdoch DPM, Douglas (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Temple, TX 76502				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Podiatrist		Self			

	MONEI	ARY POLITICAL CONTRIBUTION	Or	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 39/49 Rpt: 42/52	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Podia	tric Medical PAC				00016210	
4	Date 04/27/2023	 Full name of contributor out-of-state PAC (ID#: Murdoch DPM, Douglas (Dr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$50.00
		Temple, TX 76502	1-				
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	s)		
	Date 05/27/2023	Full name of contributor)		Amount of Contribution (\$)	\$50.00
	5	Temple, TX 76502	_	5 1 (0 1 1 1	<u></u>		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self			
	Date 06/27/2023	Full name of contributor)		Amount of Contribution (\$)	\$50.00
		Temple, TX 76502					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
					_		
	Date 06/24/2023	Full name of contributor	:)		Amount of Contribution (\$)	\$50.00
	Principal occur	pation / Job title (See Instructions)	_	Employer (See Instructions	·,		
	Podiatrist Podiatrist			Self (See Instructions	·)		
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#: Owolabi DPM, Thomas (Dr.) Contributor address; City; State; Zip Code Houston, TX 77089				Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

2 FILER Texas 4 Date 01/28/ 8 Principa Podiat Date 03/01/	NAME S Podiatr //2023 pal occup trist		9 Employer (See Instructions Self	1 Total pages Schedule A1 Sch: 40/49 Rpt: 43/52 3 Filer ID (Ethics Commit 00016210 7 Amount of Contribution (s	ssion Filers)
Texas 4 Date 01/28/ 8 Principa Podiat Date 03/01/	/2023 pal occupitrist	Full name of contributor out-of-state PAC (ID#:_Parrett DPM, Jeffrey (Dr.) Contributor address; City; State; Zip Code Burleson, TX 76028 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_Parrett DPM, Jeffrey (Dr.)	Employer (See Instructions Self	7 Amount of Contribution (s	
4 Date 01/28/ 8 Principa Podiat Date 03/01/	/2023 pal occup trist	Full name of contributor out-of-state PAC (ID#:_Parrett DPM, Jeffrey (Dr.) Contributor address; City; State; Zip Code Burleson, TX 76028 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_Parrett DPM, Jeffrey (Dr.)	Employer (See Instructions Self	7 Amount of Contribution (:	
Podiat Date 03/01/	trist	ation / Job title (See Instructions) Full name of contributor	Self		
Podiat Date 03/01/	trist	Full name of contributor out-of-state PAC (ID#:_Parrett DPM, Jeffrey (Dr.)	Self		
03/01/	/2023	Parrett DPM, Jeffrey (Dr.)		Amount of Contribution (
		Contributor address; City; State; Zip Code			\$20.00
		Burleson, TX 76028			
		ation / Job title (See Instructions)	Employer (See Instructions Self	5)	
Date 03/28/	/2023	Full name of contributor out-of-state PAC (ID#:_Parrett DPM, Jeffrey (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$20.00
		Burleson, TX 76028			
Principa Podiat		ation / Job title (See Instructions)	Employer (See Instructions	5)	
Date 04/28/	/2023	Full name of contributor out-of-state PAC (ID#:_Parrett DPM, Jeffrey (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$20.00
		Burleson, TX 76028			
Principa Podiat		ation / Job title (See Instructions)	Employer (See Instructions Self	5)	
Date 05/28/	/2023	Full name of contributor out-of-state PAC (ID#:_Parrett DPM, Jeffrey (Dr.) Contributor address; City; State; Zip Code Burleson, TX 76028)	Amount of Contribution (\$20.00
Principa Podiat	•	ation / Job title (See Instructions)	Employer (See Instructions Self	5)	

	MONEI	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 41/49 Rpt: 44/52	
2	FILER NAME	tria Madical DAC			3	Filer ID (Ethics Commission	Filers)
		tric Medical PAC				00016210	
4	Date 06/28/2023	 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$20.00
		Burleson, TX 76028					
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 01/26/2023	Full name of contributor	D#:)		Amount of Contribution (\$)	\$50.00
	Dringing con	Humble, TX 77396		Employer (Coo Instructions	<u> </u>		
	Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	»)		
	Date 02/26/2023	Full name of contributor	D#:			Amount of Contribution (\$)	\$50.00
		Humble, TX 77396					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 03/26/2023	Full name of contributor out-of-state PAC (II Pham DPM, Thomas (Dr.) Contributor address; City; State; Zip Code Humble, TX 77396	D #:			Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 04/26/2023	Full name of contributor out-of-state PAC (II Pham DPM, Thomas (Dr.) Contributor address; City; State; Zip Code Humble, TX 77396	D#:		•	Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 42/49 Rpt: 45/52	
2	FILER NAME	tric Medical PAC		3	Filer ID (Ethics Commission 00016210	Filers)
_		I		Ļ		
4	Date 05/26/2023	5 Full name of contributor ☐ out-of-state PAC (ID# Pham DPM, Thomas (Dr.)		<u> </u>	Amount of Contribution (\$)	\$50.00
		6 Contributor address; City; State; Zip Code				
		Humble, TX 77396				
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions Self	s)		
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	06/26/2023	Pham DPM, Thomas (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Humble, TX 77396	•			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self	_		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	01/22/2023	Pietzsch DPM, Renee (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78628				
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	-, 		
	Podiatrist	pation / Job title (See Instructions)	self	>)		
				_	A	
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	ታ ጋር 00
	02/22/2023					\$25.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78628				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Podiatrist	,	self	•		
	Date	Full name of contributor out-of-state PAC (ID#	<u>+</u> ·	Т	Amount of Contribution (\$)	
	03/22/2023	Pietzsch DPM, Renee (Dr.)			7 and and a contained action (4)	\$25.00
		Contributor address; City; State; Zip Code		1		,
		33.13ato. aaa. 333, 3.1., 3.1., 2				
		Georgetown, TX 78628				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		self			
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	The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 43/49 Rpt: 46/52	
	FILER NAME Texas Podia	ric Medical PAC		3 Filer ID (Ethics Commission 00016210	n Filers)
4	Date 04/22/2023	 Full name of contributor out-of-state PAC (ID#:_ Pietzsch DPM, Renee (Dr.) Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)	\$25.00
_		Georgetown, TX 78628			
	Principal occuj Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions) self)	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_ Pietzsch DPM, Renee (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00
		Georgetown, TX 78628			
	Principal occuj Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) self)	
	Date 06/22/2023	Full name of contributor out-of-state PAC (ID#:_ Pietzsch DPM, Renee (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00
		Georgetown, TX 78628			
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/28/2023	Full name of contributor out-of-state PAC (ID#:_Quach DPM, Tin (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504)	Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self)	
	Date 03/01/2023	Full name of contributor out-of-state PAC (ID#:_ Quach DPM, Tin (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504)	Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions) Self)	

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/49 Rpt: 47/52	
2	FILER NAME Texas Podia	tric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 03/28/2023	 Full name of contributor out-of-state PAC (ID#:_Quach DPM, Tin (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_		McAllen, TX 78504	T			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions Self)		
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID#:_ Quach DPM, Tin (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringinal occu	McAllen, TX 78504 pation / Job title (See Instructions)	Employer (See Instructions			
	Podiatrist	pation / Job title (See Instructions)	Self			
	Date 05/28/2023	Full name of contributor out-of-state PAC (ID#:_ Quach DPM, Tin (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		McAllen, TX 78504				
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_Quach DPM, Tin (Dr.) Contributor address; City; State; Zip Code McAllen, TX 78504			Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 06/05/2023	Full name of contributor out-of-state PAC (ID#:_ Ross DPM, Jeffrey (Dr.) Contributor address; City; State; Zip Code Houston, TX 77030			Amount of Contribution (\$)	\$200.00
	Principal occu podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 45/49 Rpt: 48/52	
2	FILER NAME	tric Medical PAC		3	Filer ID (Ethics Commission 00016210	Filers)
_				Ļ		
4	Date 06/24/2023	5 Full name of contributor out-of-state PAC (ID# Saucier DPM, Taylor (Dr.)		7	Amount of Contribution (\$)	\$10.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77042				
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions Self	s)		
	Date	Full name of contributor out-of-state PAC (ID#	÷:)	Г	Amount of Contribution (\$)	
	01/26/2023	Stanton DPM, Steven (Dr.)				\$20.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77095				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor ut-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	02/26/2023	Stanton DPM, Steven (Dr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Houston TV 77005				
	Dringing coor	Houston, TX 77095	Employer (Coo Instructions	<u></u>		
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
				_		
	Date	Full name of contributor Out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	# 00.00
	04/26/2023					\$20.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77095				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Podiatrist	,	Self	•		
	Date	Full name of contributor	<u> </u>	Т	Amount of Contribution (\$)	
	05/26/2023	Stanton DPM, Steven (Dr.)			7 and and a contained action (4)	\$20.00
		Contributor address; City; State; Zip Code		ł		
		,				
		Houston, TX 77095				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Podiatrist		Self			
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	MONEI	ARY POLITICAL CONTRIBUTION	יוכ	15		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	for	m.	1	Total pages Schedule A1: Sch: 46/49 Rpt: 49/52	
2	FILER NAME Texas Podia	ER NAME xas Podiatric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)	
4	Date 01/05/2023	 5 Full name of contributor out-of-state PAC (ID#:_ Ta DPM, Binh (Dr.) 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$150.00
8	Principal occu Podiatrist	Austin, TX 78749 pation / Job title (See Instructions)	9	Employer (See Instructions Self	<u> </u> s)		
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#:_ Trevino DPM, Tomas (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	Houston, TX 77007 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 01/10/2023	Full name of contributor out-of-state PAC (ID#:_ Valenza DPM, Paul (Dr.) Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$250.00
	Principal occur	Kerrville, TX 78028 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	Podiatrist	pation / sob title (see instructions)		Self	•)		
	Date 06/20/2023	Full name of contributor out-of-state PAC (ID#:_ Van Pelt DPM, Michael (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75081			•	Amount of Contribution (\$)	\$400.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>l</u> S)		
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID#:_ Venegas DPM, Luis Contributor address; City; State; Zip Code Brownsville, TX 78526	<u> </u>			Amount of Contribution (\$)	\$250.00
	Principal occu podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	5)		

	MONEI	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 47/49 Rpt: 50/52	
2	FILER NAME	AME odiatric Medical PAC		3	Filer ID (Ethics Commission Filers) 00016210	
				 		
4	Date 01/24/2023	Walters DPM, Steven (Dr.)		ľ	Amount of Contribution (\$)	\$25.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78705				
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions Self	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/24/2023	Walters DPM, Steven (Dr.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78705				
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	c) 		
	Podiatrist	pation 7 Job title (See Instructions)	Self	5)		
	Date	Full name of contributor out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	03/24/2023	Walters DPM, Steven (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78705	,			
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/24/2023	Walters DPM, Steven (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78705				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/24/2023	Walters DPM, Steven (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78705				
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self	s)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS			SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 48/49 Rpt: 51/52	
2	FILER NAME Texas Podia	R NAME as Podiatric Medical PAC				3	Filer ID (Ethics Commission 00016210	ı Filers)
4	Date 06/24/2023	5 Full name of contributor Walters DPM, Steven (Dr.6 Contributor address; City; St				7	Amount of Contribution (\$)	\$25.00
8	Principal occu Podiatrist	Austin, TX 78705 pation / Job title (See Instructions)	9 Employe Self	er (See Instructions	5)		
	Date 01/26/2023	Full name of contributor Wisdom DPM, Jill (Dr.) Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	Plano, TX 75024 pation / Job title (See Instructions)	Employe self	er (See Instructions	<u> </u> s)		
	Date 02/26/2023	Full name of contributor Wisdom DPM, Jill (Dr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			•	Amount of Contribution (\$)	\$20.00
		Plano, TX 75024						
	Principal occu Podiatrist	pation / Job title (See Instructions) 	Employe self	er (See Instructions	S)		
	Date 03/26/2023	Full name of contributor Wisdom DPM, Jill (Dr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	Plano, TX 75024 pation / Job title (See Instructions)	Employe self	er (See Instructions	<u> </u> s)		
	Date 04/26/2023	Full name of contributor Wisdom DPM, Jill (Dr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employe self	er (See Instructions	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 49/49 Rpt: 52/52	
2	FILER NAME Texas Podia	EILER NAME Fexas Podiatric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 05/26/2023	5 Full name of contributor Wisdom DPM, Jill (Dr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu Podiatrist	Plano, TX 75024 pation / Job title (See Instructions)	9	Employer (See Instructions self	<u> </u> s)		
	Date 06/26/2023	Full name of contributor Wisdom DPM, Jill (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		•	Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	Plano, TX 75024 pation / Job title (See Instructions)		Employer (See Instructions self	<u> </u> s)		
	Date 05/25/2023	Full name of contributor Wokasien DPM, Ronald L. Contributor address; City; Sta			•	Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78750 pation / Job title (See Instructions)		Employer (See Instructions	z)		
	podiatrist	pation / 305 title (See Instructions)		Self	۰)		
	Date 01/04/2023	Full name of contributor Young DPM, Andrew (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		•	Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>l</u> S)		
	Date 06/23/2023	Full name of contributor Yustat, David Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	Principal occu Medical Sale	pation / Job title (See Instructions) es		Employer (See Instructions	5)		