



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Optometric PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00015622
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 32,447.80
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 409,743.51
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Ms. Brenda J. Avery  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - MPAC

<b>17</b> COMMITTEE NAME Texas Optometric PAC	<b>18</b> Filer ID (Ethics Commission Filers) 00015622
<b>19</b> SCHEDULE SUBTOTALS	SUBTOTAL AMOUNT
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 32,447.80
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$
10. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 17,750.09
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/64 Rpt: 4/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Acosta O.D., Celeste <hr/> <b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78023	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander O.D., Lindsey <hr/> Contributor address; City; State; Zip Code  Sunnyvale, TX 75182	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ali O.D., Mohsan <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen O.D., Mark <hr/> Contributor address; City; State; Zip Code  Atlanta, TX 75551	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allison O.D., Joseph <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77802	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/64 Rpt: 5/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Altig O.D., William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amador O.D., Nancy <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amin O.D., Opal <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amir O.D., Nancy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amy O.D., Nailing <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79107	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/64 Rpt: 6/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson O.D., Vanessa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Angie O.D., Ramirez <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78582	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Annunziato O.D., Tom <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76008	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arroyo O.D., Julio <hr/> Contributor address; City; State; Zip Code  Houston, TX 77076	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arya O.D., Dimple <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/64 Rpt: 7/69
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 12/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arya O.D., Dimple	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code  Sugar Land, TX 77479	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aston II O.D., William	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Ft Worth, TX 76179	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) August O.D., Wallace	Amount of Contribution (\$) \$20.20
	Contributor address; City; State; Zip Code  Longview, TX 75603	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bailey O.D., Robert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Houston, TX 77204	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker O.D., Catherine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Conroe, TX 77301	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/64 Rpt: 8/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barajas O.D., Juan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barajas O.D., Juan <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barber O.D., Matt <hr/> Contributor address; City; State; Zip Code  Ft. Worth, TX 76116-5525	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes O.D., Sophia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barraza O.D., Jessica <hr/> Contributor address; City; State; Zip Code  Killeen, TX 76542	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/64 Rpt: 9/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bate O.D., Joy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Haslet, TX 76052	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernay O.D., Deborah <hr/> Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bock O.D., Matthew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77063	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brantley O.D., Todd <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brenda O.D., Brochetti <hr/> Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/64 Rpt: 10/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brening O.D., Gabrielle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seabrook, TX 77586	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brinegar O.D., Vaughn <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broussard O.D., Wendy <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77701	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown O.D., Corwin <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76003	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brownlee O.D., Chris <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/64 Rpt: 11/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bui O.D., Thoai <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75007	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bullard O.D., Heath <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler O.D., W.R. <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell O.D., Steven <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantrell O.D., Lisa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/64 Rpt: 12/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cargo O.D., Jon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75063	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cartwright O.D., Lon <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$365.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castleberry O.D., Kim <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Catuncan O.D., Jennifer <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76022	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Catuncan O.D., Jennifer <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76022	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/64 Rpt: 13/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Celico O.D., Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cerde O.D., Juan <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chen O.D., Alexander <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cherry O.D., Brian <hr/> Contributor address; City; State; Zip Code  Ft Worth, TX 76137	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chris O.D., Cheyne <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76049	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/64 Rpt: 14/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chris O.D., Cheyne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Granbury, TX 76049	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cobb O.D., James <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79107	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coble, John <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75401	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colston O.D., Ben <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colton O.D., Bruce <hr/> Contributor address; City; State; Zip Code  Garland, TX 75040	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/64 Rpt: 15/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conley O.D., Alex <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76131	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conroy O.D., Scott <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77505	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conzor O.D., Bob <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75252	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Contreras O.D., Eddy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooke O.D., Kyle <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/64 Rpt: 16/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornett O.D., John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Correale O.D., Suzanne <hr/> Contributor address; City; State; Zip Code  Alvin, TX 77511	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cowan O.D., Steve <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cox O.D., Adam <hr/> Contributor address; City; State; Zip Code  Atlanta, TX 75551	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crothers O.D., Frank <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/64 Rpt: 17/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culbertson O.D., Wayne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Curtis O.D., Barry <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dabney O.D., Brandon <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dang O.D., Thuyhong <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dao O.D., Mavis <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/64 Rpt: 18/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David O.D., Ashley <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Angelo, TX 76904	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis O.D., Mark <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dawn O.D., Rakich <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78215	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Jr O.D., Bob <hr/> Contributor address; City; State; Zip Code  Garland, TX 75041	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLoach O.D., Joe <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/64 Rpt: 19/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeMaggio O.D., Julie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mansfield, TX 76063	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeShaw O.D., Johathan <hr/> Contributor address; City; State; Zip Code  Garland, TX 75042	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deakins O.D., Jennifer <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76135	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delay O.D., Richard <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78015	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delk O.D., Kyle <hr/> Contributor address; City; State; Zip Code  Port Neches, TX 77651	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/64 Rpt: 20/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennis O.D., Keith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Diaz O.D., Yvonne <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78541	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dinh O.D., David <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Driggers O.D., Paul <hr/> Contributor address; City; State; Zip Code  Houston, TX 77058	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunnigan O.D., Shawn <hr/> Contributor address; City; State; Zip Code  Lumberton, TX 77657	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/64 Rpt: 21/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duong O.D., Nghiem <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75080	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis O.D., John <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ermis O.D., Keith <hr/> Contributor address; City; State; Zip Code  Wharton, TX 77488	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eylar O.D., Crystal <hr/> Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fandry O.D., Ellen <hr/> Contributor address; City; State; Zip Code  seabrook, TX 77586	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/64 Rpt: 22/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Feeser O.D., Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Huntingtown, MD 20639	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleitman O.D., Cynthia <hr/> Contributor address; City; State; Zip Code  Gainesville, TX 76240	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores O.D., Amador <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fortenberry O.D., Sandra <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamini O.D., Safi <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/64 Rpt: 23/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia Holle O.D., Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Angelo, TX 76904	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia O.D., Claudia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77081	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza O.D., Janet <hr/> Contributor address; City; State; Zip Code  Houston, TX 77064	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gayle O.D., Karanges <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76005	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gee O.D., Kevin <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/64 Rpt: 24/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson O.D., David	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79423		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez O.D., Jaime	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Plano, TX 75093		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray O.D., David	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Midland, TX 79705		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray O.D., Jeannie	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Midland, TX 79705		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greeman III O.D., Nelson	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78212		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/64 Rpt: 25/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greeman O.D., Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green O.D., Leigh <hr/> Contributor address; City; State; Zip Code  Woodway, TX 76712	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene O.D., Matthew <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenstein O.D., Karena <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75216	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grigsby O.D., Jeff <hr/> Contributor address; City; State; Zip Code  Midland, TX 79707	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/64 Rpt: 26/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley O.D., Swift, <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78232	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall O.D., Jamie <hr/> Contributor address; City; State; Zip Code  Wills Point, TX 75169	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammond, O.D. O.D., Deanna <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammond O.D., Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson O.D., Mark <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/64 Rpt: 27/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper O.D., Ellener <hr/> <b>6</b> Contributor address; City; State; Zip Code  fort Worth, TX 76131	<b>7</b> Amount of Contribution (\$) \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart O.D., Peggy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harvey O.D., Cameo <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawari O.D., Andy <hr/> Contributor address; City; State; Zip Code  Mineola, TX 75773	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawkins O.D., Heidi <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/64 Rpt: 28/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heeg O.D., Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hejny O.D., Whitney <hr/> Contributor address; City; State; Zip Code  Miles, TX 76861	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoan O.D., Le <hr/> Contributor address; City; State; Zip Code  Spring, TX 76135	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoang O.D., Bao <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoang O.D., Kathy <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/64 Rpt: 29/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hopping O.D., Desiree <hr/> <b>6</b> Contributor address; City; State; Zip Code  Friendswood, TX 77546	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hopping O.D., Ron <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutchins O.D., Jaclyn <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78257	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huynh O.D., Hieu <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jessica O.D., Murrell <hr/> Contributor address; City; State; Zip Code  Spring, TX 77002	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/64 Rpt: 30/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jessica O.D., Trichel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Texarkana, TX 75503	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jessica O.D., Trichel <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75503	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johle O.D., Sarah <hr/> Contributor address; City; State; Zip Code  Hutto, TX 78634	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John O.D., Tybor <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson O.D., Murray <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75287	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/64 Rpt: 31/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jolivette O.D., Nia <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones O.D., Anita <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75244	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones O.D., Jeffrey <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jordan O.D., Emily <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kemp O.D., Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77015-2310	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/64 Rpt: 32/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kevin O.D., Munson <hr/> <b>6</b> Contributor address; City; State; Zip Code  Melissa, TX 75070	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimball O.D., Leigh <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knight O.D., Millicent <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kodukula O.D., Dipa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuder O.D., Bryan <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75007	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/64 Rpt: 33/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kurtin O.D., Steven <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75252	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuykendall O.D., Traci <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lagunas O.D., Claudio <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lam O.D., Sean <hr/> Contributor address; City; State; Zip Code  Houston, TX 77075	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lambert O.D., Sawyer <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/64 Rpt: 34/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larry O.D., Gunnell <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lazarte O.D., Richard <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le O.D., Anne <hr/> Contributor address; City; State; Zip Code  Houston, TX 77072	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le O.D., Lisa <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemanski O.D., Sundra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78727	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/64 Rpt: 35/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linh O.D., Linh ..... <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lou O.D., Oliver ..... Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ly O.D., Alexandra ..... Contributor address; City; State; Zip Code  Houston, TX 77082	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mace O.D., Valerie ..... Contributor address; City; State; Zip Code  Athens, TX 75751	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mai O.D., Kelly ..... Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/64 Rpt: 36/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maldonado O.D., Nicole <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maldonado O.D., Michael <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin O.D., Joe <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez O.D., Michelle <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76244	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masters O.D., Trishna <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/64 Rpt: 37/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCarty O.D., Dennis	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McClain O.D., Christos	Amount of Contribution (\$)  \$20.20
Contributor address; City; State; Zip Code  College Station, TX 77845		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCollough O.D., John	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCormick O.D., Michael	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78759		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCown O.D., Joshua	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Gatesville, TX 76528		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/64 Rpt: 38/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGowan O.D., Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78748-1051	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPherson O.D., Kimberly <hr/> Contributor address; City; State; Zip Code  North Richland Hills, TX 76180	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Means O.D., Stephen <hr/> Contributor address; City; State; Zip Code  Huntsville, TX 77340	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mohan O.D., Poole <hr/> Contributor address; City; State; Zip Code  Marble Falls, TX 78654	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery O.D., Brandi <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/64 Rpt: 39/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moon O.D., Debra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore O.D., Morgan <hr/> Contributor address; City; State; Zip Code  Burkburnett, TX 76354	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mora O.D., David <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morozco O.D., Michael <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mozdbar O.D., Sima <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/64 Rpt: 40/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Navarro O.D., Luis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neal O.D., Amanda <hr/> Contributor address; City; State; Zip Code  Levelland, TX 79336	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newman O.D., Clarke <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newton O.D., Ronald <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Hai <hr/> Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/64 Rpt: 41/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Jenifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Addison, TX 75001	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Kimuyen <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75379	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Long <hr/> Contributor address; City; State; Zip Code  Houston, TX 77059	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Quan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77072	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Steve <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75224	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/64 Rpt: 42/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Thai-An <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Tu <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Vicki <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75054	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nichols O.D., Brian <hr/> Contributor address; City; State; Zip Code  Mt Pleasant, TX 75455	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Norcini O.D., Don <hr/> Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/64 Rpt: 43/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nwachukwu O.D., Nneoma <hr/> <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75069	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Brien O.D., Lisa <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortiz O.D., Rick <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78230	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ousley O.D., Bruce <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Park O.D., Jon <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/64 Rpt: 44/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pass O.D., Hulon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Stockton, TX 79735	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pass O.D., Joshua <hr/> Contributor address; City; State; Zip Code  Fort Stockton, TX 79735	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Ajay <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Neha <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Priyal <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/64 Rpt: 45/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Nimisha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Samir <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patrick O.D., Carey <hr/> Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paul O.D., Graham Hayter <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pepin O.D., Allison <hr/> Contributor address; City; State; Zip Code  Salado, TX 76571	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/64 Rpt: 46/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson O.D., Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrolton, TX 75006	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips O.D., Jeff <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75503	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierce O.D., Jordan <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76177	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pillai O.D., Anith <hr/> Contributor address; City; State; Zip Code  Sugarland, TX 77479	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pollard O.D., Paige <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/64 Rpt: 47/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poole O.D., Brianne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spicewood, TX 78669	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prapta O.D., Shawn <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prati O.D., Martin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77058	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Preston O.D., Kerry <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Proske O.D., Paul <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/64 Rpt: 48/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Proske O.D., Paul	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pulpan O.D., Stephanie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Perryton, TX 79070		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinlivan O.D., Paige	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez O.D., Juan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Mission, TX 78573		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez O.D., Kirsti	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78233		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/64 Rpt: 49/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez-Shank O.D., Diane <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78232	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ratcliff O.D., Reagan <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reneau O.D., Aaron <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richardson O.D., Ronald <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riley O.D., Kelly <hr/> Contributor address; City; State; Zip Code  Brownfield, TX 79316	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/64 Rpt: 50/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson O.D., Reid <hr/> <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson O.D., Reid <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson O.D., Beth <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson O.D., Nathaniel <hr/> Contributor address; City; State; Zip Code  Lufkin, TX 75904	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rocha O.D., Allison <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/64 Rpt: 51/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez O.D., Jaime <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weslaco, TX 78596	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rojas O.D., Luis <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosemore O.D., Corey <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosemore O.D., Ryan <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75033	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salchak O.D., Robert <hr/> Contributor address; City; State; Zip Code  Sugarland, TX 77479	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/64 Rpt: 52/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandberg O.D., Kyle <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sappington O.D., Amanda <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sawhney O.D., Dimple <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scasta O.D., Tracey <hr/> Contributor address; City; State; Zip Code  College Station, TX 77840	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Segu O.D., Pat <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/64 Rpt: 53/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shandley O.D., Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shannon O.D., Bridget <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sharon O.D., Barentine, <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79932	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shauger O.D., Susan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78727	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shidlofsky O.D., Charles <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/64 Rpt: 54/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sianghio O.D., Leyden <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78255	<b>7</b> Amount of Contribution (\$) \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sitterle O.D., Scott <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slaughter O.D., Kim <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith O.D., Cameron <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sorrenson O.D., Laurie <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/64 Rpt: 55/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sosa O.D., Virginia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens O.D., Nancy <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stokol O.D., Arnold <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strickland O.D., Clipper <hr/> Contributor address; City; State; Zip Code  Big Spring, TX 79720	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strong O.D., Jane <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77419	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/64 Rpt: 56/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sturm O.D., Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78749	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan O.D., Mitchell <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sun O.D., Vissett <hr/> Contributor address; City; State; Zip Code  Houston, TX 77058	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ta O.D., Diane <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76015	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor O.D., Alicia <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/64 Rpt: 57/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor O.D., Erin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79110	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Terrell O.D., Jenny <hr/> Contributor address; City; State; Zip Code  Hurst, TX 76054	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Terry O.D., Kirkland <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76311	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thames O.D., Lacey <hr/> Contributor address; City; State; Zip Code  Hutto, TX 78634	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas O.D., Jack <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/64 Rpt: 58/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas O.D., Jeff <hr/> <b>6</b> Contributor address; City; State; Zip Code  Melissa, TX 75454	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas O.D., Tiara <hr/> Contributor address; City; State; Zip Code  Eules, TX 76039	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson O.D., Melanie <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thornton O.D., Kristofer <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tilson O.D., Alan <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/64 Rpt: 59/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tovias O.D., Mayra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Santa Fe, TX 77510	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Jessica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Anthony <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Lori Luom <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Toan <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/64 Rpt: 60/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trinh O.D., Kim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78728	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tupa O.D., Faye <hr/> Contributor address; City; State; Zip Code  Ganado, TX 77962	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner O.D., Kimberly <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Twa O.D., Michael <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tybor O.D., David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/64 Rpt: 61/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Upchurch O.D., Alan <hr/> <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75070	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urizar O.D., Jocelyn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valdes O.D., Matt <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78248	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vasquez O.D., Celina <hr/> Contributor address; City; State; Zip Code  Palmview, TX 78572	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vicci O.D., Catherine <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75208	Amount of Contribution (\$)  \$365.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/64 Rpt: 62/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Voigt O.D., Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Voigt O.D., Kevin <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vorster O.D., Edward <hr/> Contributor address; City; State; Zip Code  Silsbee, TX 77656	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wadley O.D., Jimmy <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wagner O.D., Troy <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/64 Rpt: 63/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walters O.D., Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brenham, TX 77833	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wampler O.D., Kim <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warstler O.D., Ashley <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watt O.D., Kristen <hr/> Contributor address; City; State; Zip Code  Stephenville, TX 76401	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Way O.D., David <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/64 Rpt: 64/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wedel O.D., Karl <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cleburne, TX 76033	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weedman O.D., Audrey <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West O.D., Jacob <hr/> Contributor address; City; State; Zip Code  Flint, TX 75762	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whiddon O.D., Cody <hr/> Contributor address; City; State; Zip Code  Marshall, TX 75672	Amount of Contribution (\$)  \$365.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiatrek O.D., Beverly <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78223	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/64 Rpt: 65/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Widmann O.D., Clarence <hr/> <b>6</b> Contributor address; City; State; Zip Code  Waco, TX 76710	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiechmann O.D., Alexandra <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wild O.D., Tristan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilken O.D., Bret <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams O.D., James <hr/> Contributor address; City; State; Zip Code  Joplin, MO 64804	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/64 Rpt: 66/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams O.D., Bryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75226	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson O.D., Kent <hr/> Contributor address; City; State; Zip Code  Terrell, TX 75160	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wineinger O.D., Jeffrey <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wong O.D., Joyce <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright O.D., David <hr/> Contributor address; City; State; Zip Code  Seminole, TX 79360	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/64 Rpt: 67/69
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright O.D., Lance <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seminole, TX 79360	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yee O.D., Jamie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yeh O.D., Shihwei <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zachry O.D., Kayla <hr/> Contributor address; City; State; Zip Code  Kerrville, TX 78028	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zhang O.D., Joyce <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/2 Rpt:	<b>2</b> FILER NAME Texas Optometric PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/06/2023	<b>5</b> Payee name Carriage House Partners	
<b>6</b> Amount (\$) 6,250.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 5502 Hidden Trails Arlington, TX 76017	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Lobbyist
Date 12/06/2023	Payee name Clem, Mike	
Amount (\$) 847.16 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 10155 Shadyview Dallas, TX 75238	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	<b>(b)</b> Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 11/28/2023	Payee name Fedex	
Amount (\$) 71.36 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 660481 Dallas, TX 75266	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Delivery
Date 12/06/2023	Payee name Membership marketing	
Amount (\$) 200.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1280 Perimeter Pkwy Virginia Beach, VA 23454	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Marketing

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 2/2 Rpt:	<b>2</b> FILER NAME Texas Optometric PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 12/06/2023	<b>5</b> Payee name One Touch Point	
<b>6</b> Amount (\$) 8,363.24 <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip PO Box 143924 Austin, TX 78714	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Printing
Date 12/25/2023	Payee name Paypal	
Amount (\$) 598.20 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Payment fee
Date 12/25/2023	Payee name QuickBooks Payments	
Amount (\$) 670.13 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2632 Marine Way Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 12/06/2023	Payee name TOA Facility	
Amount (\$) 750.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3011 N Lamar ste 300 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Facility Fee