GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00016210		2 Total pages filed: 70
3	COMMITTEE NAME					OFFICE USE ONLY
	Texas Podiatric Me	edical PAC				
						ELECTRONICALLY FILED 01/10/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	ITY;	STATE; ZIP C	CODE	
	ADDRESS	918 Congress Ave., Ste. 200				Date Hand-delivered or Date Postmarked
	Change of Address	Austin, TX 78701				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST				MI
	NAME	Mrs. Melinda				
		NICKNAME LAST				SUFFIX
		Daise				
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE)	;	APT / SUITE #;	CITY;	STATE; ZIP CODE
	STREET	918 Congress Ave., Ste. 200				
	ADDRESS					
	(Residence or Business)	Austin, TX 78701				
7		STREET OR PO BOX;		APT / SUITE #;	CITY	STATE; ZIP CODE
	TREASURER MAILING	918 Congress Ave., Ste. 200				
	ADDRESS					
	Change of Address	Austin, TX 78701				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EV	TENSION		
°	TREASURER	(512) 494-1123		TENSION		
	PHONE	(312) 494-1123				
9	REPORT	X January 15	20th	day before election		Dissolution (Attach PAC-DR)
	TYPE			-		Dissolution (Attach PAC-DR)
			8th c	lay before election		10th day after campaign treasurer termination
		July 15	Runo	off		
10	PERIOD	Month Day Year		Month	Day	Year
1.0	COVERED		THR		/31/2023	
				,	01,101	
11	ELECTION	ELECTION DATE		ELECTION 1	TYPE	
		Month Day Year X	Prin	nary Runoff		Other
		03/05/2024	Ger	neral Special		
			1 - 01			
⊢		I I				
		GC	тс	PAGE 2		
For	rms provided by Tex	xas Ethics Commission www.	ethi	cs.state.tx.us		Version V3.5.1.0bfcfb67

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Podiatric Medica	I PAC		00016210	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Venton Jones State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	16,624.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	5,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	38,208.74
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	rhe \$	0.00
16 AFFIDAVIT	-			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. Meil Signature of Ca	inda Daise	Irer
			paign ricasu	
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	_, 20, to certify v	vhich, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.0bfcfb67

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 3 of 70

12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
Texas Podiatric Medica	I PAC		00016210
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Stephanie Klick State	Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
COMMITTEE	1. Candidates	A. Supported Rep. Juan Hinojosa State S	enator
ACTIVITY	(Identify by name or, if applicable, classify by party.)		enator
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
COMMITTEE	1. Candidates	A. Supported	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if	Sen. Charles Perry State Se	enator
	applicable, classify by party.)		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 4 of 70

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Podiatric Medical	PAC				00016210	
14 COMMITTEE ACTIVITY	1. Candidates	A. Supported				
	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted		Dan Patrick	Lieutenant Governo	r	
	(Identify by name or, if applicable, classify by party.)					

รเ	JBT	OTALS - GPAC	FORM GPAC OVER SHEET PG 3 5 of 70	
COI	ммітте	E NAME	(Ethics Commission Filers)	
Тех	as Po	diatric Medical PAC	00016210	
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 16,624.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS				\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			DR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	\$	
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$ 5,500.00	

	—		
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.		SCHEDULE E: LOANS	\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,500.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

17 COMMITTEE NAME

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE

Tł	he Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/63 Rpt: 6/70
2 FII	LER NAME			3 Filer ID (Ethics Commission Filers)
Тє	exas Podia	tric Medical PAC		00016210
4 Da	ate	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09	9/23/2023	Abdul-Kareem DPM, Ali (Dr.)		\$25.00
		6 Contributor address; City; State; Zip Code		
		McAllen, TX 78539		
8 Pr	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	۱ ۶)
	odiatrist		Self	
Da	ate	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
	9/23/2023	Abdul-Kareem DPM, Ali (Dr.)		\$80.00
				•
		McAllen, TX 78539		
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Po	odiatrist		Self	
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09	9/23/2023	Abdul-Kareem DPM, Ali (Dr.)		\$20.00
		Contributor address; City; State; Zip Code		1
		McAllen, TX 78539	·	
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	odiatrist		Self	
	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10	0/23/2023			\$25.00
		Contributor address; City; State; Zip Code		
		McAllen, TX 78539		
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Po	odiatrist		Self	
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11	1/24/2023	Abdul-Kareem DPM, Ali (Dr.)		\$25.00
		Contributor address; City; State; Zip Code		
		McAllen, TX 78539		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
Po	odiatrist		Self	

The I	Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/63 Rpt: 7/70
2 FILER				3 Filer ID (Ethics Commission Filers)
		tric Medical PAC		00016210
4 Date		5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/23	3/2023	Abdul-Kareem DPM, Ali (Dr.)		\$25.00
		6 Contributor address; City; State; Zip Code		
		McAllen, TX 78539		
		pation / Job title (See Instructions)	9 Employer (See Instructions	is)
Podia	atrist		Self	
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/19	9/2023	Arroyo DPM, Irene (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Irving, TX 75061		
Princip	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)
Podia	atrist		Self	
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/19	9/2023	Arroyo DPM, Irene (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Irving, TX 75061		
Princip	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)
Podia	atrist		Self	
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/19	9/2023	Arroyo DPM, Irene (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Irving, TX 75061		
Princip	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)
Podia	atrist		Self	
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/19	9/2023	Arroyo DPM, Irene (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Irving, TX 75061		
Princip	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)
Podia	atrist		Self	

-						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/63 Rpt: 8/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Podia	tric Medical PAC			00016210	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/19/2023	Arroyo DPM, Irene (Dr.)				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Irving, TX 75061				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/21/2023	Babich DPM, Matthew (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Richardson, TX 75082				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/21/2023	Bari DPM, Rebecca (Dr.)				\$20.00
		Contributor address; City; State; Zip Code		1		
		Lorena, TX 76655				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/26/2023	Bazan DPM, Demenico (Dr.)				\$20.00
		Contributor address; City; State; Zip Code		1		
		Leander, TX 76502				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/23/2023	Brancheau DPM, Paul (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Greenville, TX 75402				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		self			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 4/63 Rpt: 9/70
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	atric Medical PAC		00016210
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
07/25/2023	Brancheau DPM, Steven (Dr.)		\$100.0
	6 Contributor address; City; State; Zip Code		
	Greenville, TX 75401		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	·)
Podiatrist		self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/01/2023	Brill DPM, Leon (Dr.)		\$50.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75231		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/01/2023	Brill DPM, Leon (Dr.)		\$50.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75231		
	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/01/2023	Brill DPM, Leon (Dr.)		\$50.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75231		
-	upation / Job title (See Instructions)	Employer (See Instructions)	<i>i</i>)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/01/2023	Brill DPM, Leon (Dr.)		\$50.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75231		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Podiatrist		Self	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/63 Rpt: 10/70	
2	FILER NAME			3 Filer ID (Ethics Commission Filers	S)
	Texas Podia	tric Medical PAC		00016210	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	12/01/2023	Brill DPM, Leon (Dr.)		\$50	0.00
		6 Contributor address; City; State; Zip Code			
		Dallas, TX 75231			
-	Drinoinal agou		Employer (See Instructions		
°	Podiatrist		9 Employer (See Instructions Self	(5)	
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	07/11/2023	Brown DPM, Cory (Dr.)		\$80	0.00
		Contributor address; City; State; Zip Code			
		Albany, TX 76430			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)	
	podiatrist		self		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	08/11/2023	Brown DPM, Cory (Dr.)		\$80	0.00
		Contributor address; City; State; Zip Code			
		Albany, TX 76430			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)	
	podiatrist		self		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	09/11/2023	Brown DPM, Cory (Dr.)		\$80	0.00
		Contributor address; City; State; Zip Code			
		Albany, TX 76430			
		pation / Job title (See Instructions)	Employer (See Instructions	is)	
	podiatrist		self		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	09/21/2023	Brown DPM, Cory (Dr.)		\$200	0.00
		Contributor address; City; State; Zip Code			
L		Albany, TX 76430			
		pation / Job title (See Instructions)	Employer (See Instructions	is)	
	podiatrist		self		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 6/63 Rpt: 11/70
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Podiatric Medical PAC	00016210
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/03/2023 Brown DPM, Cory (Dr.)	\$200.00
6 Contributor address; City; State; Zip Code	
Albany, TX 76430	· · ·
 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct self 	ions)
Date Full name of contributor out-of-state PAC (ID#:)	,
10/11/2023 Brown DPM, Cory (Dr.)	\$80.00
Contributor address; City; State; Zip Code	
Albany, TX 76430	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tione)
podiatrist self	.0115)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/11/2023 Brown DPM, Cory (Dr.)	\$80.00
Contributor address; City; State; Zip Code	
Albany, TX 76430	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
podiatrist self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/10/2023 Brown DPM, Cory (Dr.)	\$80.00
Contributor address; City; State; Zip Code	
Albany, TX 76430	
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
podiatrist self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/23/2023 Browning DPM, Christopher (Dr.)	\$30.00
Contributor address; City; State; Zip Code	
Temple, TX 76502	
Principal occupation / Job title (See Instructions) Employer (See Instruct	
Principal occupation / Job title (See Instructions) Employer (See Instruct Podiatrist Baylor Scott & White	

The Inst	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 7/63 Rpt: 12/70	
2 FILER NAM	1E		3 Filer ID (Ethics Commission	Filers)
	diatric Medical PAC		00016210	
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
08/23/202				\$30.00
	6 Contributor address; City; State; Zip Code			
	Temple, TX 76502			
	ccupation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Podiatrist		Baylor Scott & White		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
09/23/202				\$30.00
	Contributor address; City; State; Zip Code			
	T			
	Temple, TX 76502		\	
Principal oc Podiatrist	cupation / Job title (See Instructions)	Employer (See Instructions	3)	
		Baylor Scott & White	1	
Date		:)	Amount of Contribution (\$)	+
10/23/202				\$30.00
	Contributor address; City; State; Zip Code			
	Temple, TX 76502			
Principal or	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Podiatrist		Baylor Scott & White		
Date	Full name of contributor Out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
11/23/202)		\$30.00
	Temple, TX 76502			
Principal or	cupation / Job title (See Instructions)	Employer (See Instructions	; ;)	
Podiatrist		Baylor Scott & White		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
07/26/202	3 Bruyn DPM, Andrew (Dr.)			\$20.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78739	-		
	ccupation / Job title (See Instructions)	Employer (See Instructions	3)	
Podiatrist		Self		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/63 Rpt: 13/70
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	atric Medical PAC		00016210
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/26/2023	Bruyn DPM, Andrew (Dr.)		\$20.00
	6 Contributor address; City; State; Zip Code		1
2 Dringing oog	Austin, TX 78739	Constructions	
Principal occu Podiatrist	upation / Job title (See Instructions)	9 Employer (See Instructions Self	\$)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/26/2023	Bruyn DPM, Andrew (Dr.)		\$20.00
	Contributor address; City; State; Zip Code		•
	Austin, TX 78739		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/26/2023	Bruyn DPM, Andrew (Dr.)		\$20.00
	Contributor address; City; State; Zip Code		
	Auction TV 70720		
Dringinal occu	Austin, TX 78739	Employer (See Instructions	
Podiatrist	upation / Job title (See Instructions)	Employer (See Instructions Self	»)
			Amount of Contribution (\$)
Date 11/26/2023	Full name of contributor out-of-state PAC (ID#: Bruyn DPM, Andrew (Dr.))	Amount of Contribution (\$) \$20.00
11/20/2025			φ20.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78739		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>1</u> 3)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/24/2023	Butts DPM, Turner (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Spring, TX 77389		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Podiatrist		Self	

-						
-	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 9/63 Rpt: 14/70	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		tric Medical PAC			00016210	
4 [Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
(08/24/2023	Butts DPM, Turner (Dr.)				\$10.00
	I	6 Contributor address; City; State; Zip Code		'		
	I					
	I					
		Spring, TX 77389				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Podiatrist		Self			
[Date	Full name of contributor out-of-state PAC (ID#:	·)	T.	Amount of Contribution (\$)	
(09/24/2023	Butts DPM, Turner (Dr.)				\$10.00
	I	Contributor address; City; State; Zip Code		·		
	I					
	I					
	I	Spring, TX 77389				
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	10/24/2023	Butts DPM, Turner (Dr.)			, who can be a carrier (),	\$10.00
						T - T
	I					
	I					
	I	Spring, TX 77389				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Podiatrist		Self	-,		
	Date	Full name of contributor Out-of-state PAC (ID#:)	—	Amount of Contribution (\$)	
	11/27/2023	Butts DPM, Turner (Dr.))	'		\$10.00
	11/21/2020					Φτ0.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Spring, TX 77389				
\vdash_{r}	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Podiatrist		Self	3)		
					Amount of Contribution (\$)	
	Date	Full name of contributor out-of-state PAC (ID#:)	'	Amount of Contribution (\$)	ቀ10 00
-	12/24/2023	Butts DPM, Turner (Dr.)				\$10.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Carina TV 77000				
Ļ,	= 1 - to -1	Spring, TX 77389		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Podiatrist		Self			

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/63 Rpt: 15/70
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		tric Medical PAC		00016210
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	09/25/2023	Cairns DPM, Daniel (Dr.)		\$25.00
		6 Contributor address; City; State; Zip Code		1
		Keller, TX 76248		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/25/2023	Cairns DPM, Daniel (Dr.)		\$25.00
		Contributor address; City; State; Zip Code		1
		Keller, TX 76248		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/25/2023	Cairns DPM, Daniel (Dr.)		\$25.00
		Contributor address; City; State; Zip Code		1
		Keller, TX 76248		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/27/2023	Campbell DPM, Leslie (Dr.)		\$500.00
		Contributor address; City; State; Zip Code		1
		Allen, TX 75013		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Podiatrist		Self	
	Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
	07/02/2023	Campbell DPM, Neil (Dr.)		\$25.00
		Contributor address; City; State; Zip Code		1
		Yoakum, TX 77995		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Podiatrist		Self	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/63 Rpt: 16/70	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	atric Medical PAC		00016210	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
08/02/2023	Campbell DPM, Neil (Dr.)		\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Yoakum, TX 77995			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/02/2023	Campbell DPM, Neil (Dr.)			25.00
	Yoakum, TX 77995			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Podiatrist		Self		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/26/2023	Campbell DPM, Neil (Dr.)	/		80.00
	Yoakum, TX 77995			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Podiatrist		Self		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/02/2023	Campbell DPM, Neil (Dr.)	/		25.00
	Yoakum, TX 77995			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/02/2023	Campbell DPM, Neil (Dr.)			25.00
	Contributor address; City; State; Zip Code			
	Yoakum, TX 77995			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Podiatrist		Self		

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/63 Rpt: 17/70
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	atric Medical PAC		00016210
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/02/2023	Campbell DPM, Neil (Dr.)		\$25.00
	6 Contributor address; City; State; Zip Code		
	Yoakum, TX 77995		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/26/2023	Carmack DPM, David (Dr.)		\$20.00
			•
	Burnet, TX 78611		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/23/2023	Cerniglia DPM, Matthew (Dr.)		\$25.00
	Contributor address; City; State; Zip Code		
	Azle, TX 76020		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/23/2023	Cerniglia DPM, Matthew (Dr.)		\$25.00
	Contributor address; City; State; Zip Code		
	Azle, TX 76020		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Podiatrist		Self	,
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/24/2023	Cerniglia DPM, Matthew (Dr.)		\$25.00
	Contributor address; City; State; Zip Code		
	Azle, TX 76020		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Podiatrist		Self	
-	pation / Job title (See Instructions)		s)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 13/63 Rpt: 18/70 2 FILER NAME Texas Podiatric Medical PAC 3 Filer ID (Ethics Commission File 00016210 4 Date 5 Full name of contributor out-of-state PAC (ID#:) Cerniglia DPM, Matthew (Dr.) 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) Self 8 Principal occupation / Job title (See Instructions) Podiatrist 9 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	ers) \$25.00
Texas Podiatric Medical PAC 00016210 4 Date 5 12/23/2023 5 Cerniglia DPM, Matthew (Dr.) 6 6 Contributor address; City; State; Zip Code Azle, TX 76020 9 8 Principal occuration / Job title (See Instructions) Podiatrist 9 Employer (See Instructions) Self	-
Texas Podiatrist Medical PAC 00016210 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 12/23/2023 Cerniglia DPM, Matthew (Dr.) Cerniglia DPM, Matthew (Dr.) 6 Contributor address; City; State; Zip Code Azle, TX 76020 8 Principal occurion / Job title (See Instructions) 9 Podiatrist Self	-
12/23/2023 Cerniglia DPM, Matthew (Dr.) 6 Contributor address; City; State; Zip Code Azle, TX 76020 Azle, TX 76020 8 Principal occupation / Job title (See Instructions) Podiatrist 9 Employer (See Instructions) Self Self	\$25.00
6 Contributor address; City; State; Zip Code Azle, TX 76020 8 Principal occupation / Job title (See Instructions) Podiatrist 9 Employer (See Instructions) Self	\$25.00
6 Contributor address; City; State; Zip Code Azle, TX 76020 Azle, TX 76020 8 Principal occupation / Job title (See Instructions) 9 Podiatrist Self	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Podiatrist Self	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Podiatrist Self	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Podiatrist Self	
Podiatrist Self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
	100.00
	100.00
Contributor address; City; State; Zip Code	
Carrollton, TX 75010	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
podiatrist self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 07/10/2023 Clawson DPM, Lacey (Dr.) \$	100.00
	100.00
Contributor address; City; State; Zip Code	
Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
podiatrist self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
08/10/2023 Clawson DPM Lacev (Dr.)	100.00
	100.00
	100.00
	100.00
	100.00
Contributor address; City; State; Zip Code	100.00
Contributor address; City; State; Zip Code Abilene, TX 79606	100.00
Contributor address; City; State; Zip Code Abilene, TX 79606 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) self	100.00
Contributor address; City; State; Zip Code Abilene, TX 79606 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) self Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Abilene, TX 79606 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) self Date Full name of contributor 09/10/2023 Clawson DPM, Lacey (Dr.)	100.00
Contributor address; City; State; Zip Code Abilene, TX 79606 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) self Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Abilene, TX 79606 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) self Date Full name of contributor 09/10/2023 Clawson DPM, Lacey (Dr.)	
Contributor address; City; State; Zip Code Abilene, TX 79606 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) O9/10/2023 Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Abilene, TX 79606 Principal occupation / Job title (See Instructions) podiatrist Date Full name of contributor out-of-state PAC (ID#:) Clawson DPM, Lacey (Dr.) O9/10/2023 Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code Abilene, TX 79606	
Contributor address; City; State; Zip Code Abilene, TX 79606 Principal occupation / Job title (See Instructions) podiatrist Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code Abilene, TX 79606 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)	
Contributor address; City; State; Zip Code Abilene, TX 79606 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) self Date Full name of contributor out-of-state PAC (ID#:) Clawson DPM, Lacey (Dr.) Amount of Contribution (\$) 09/10/2023 Clawson DPM, Lacey (Dr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code \$ Abilene, TX 79606 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 14/63 Rpt: 19/70 2 FILER NAME Texas Podiatric Medical PAC 3 Filer ID (Ethics Commission 00016210 4 Date 09/21/2023 5 Full name of contributor out-of-state PAC (ID#:) Clawson DPM, Lacey (Dr.) 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) podiatrist 9 Employer (See Instructions) self	Filers) \$60.00
2 FILER NAME Texas Podiatric Medical PAC 3 Filer ID (Ethics Commission 00016210 4 Date 09/21/2023 5 Full name of contributor out-of-state PAC (ID#:) Clawson DPM, Lacey (Dr.) 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 4 Abilene, TX 79606 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Texas Podiatric Medical PAC 00016210 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 09/21/2023 Clawson DPM, Lacey (Dr.) 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code Abilene, TX 79606 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
09/21/2023 Clawson DPM, Lacey (Dr.) 6 Contributor address; City; State; Zip Code Abilene, TX 79606 9 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	\$60.00
6 Contributor address; City; State; Zip Code Abilene, TX 79606 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	\$60.00
6 Contributor address; City; State; Zip Code Abilene, TX 79606 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
podiatrist self	
Date Full name of contributor interpretion out-of-state PAC (ID#:) Amount of Contribution (\$)	
10/03/2023 Clawson DPM, Lacey (Dr.)	\$60.00
Contributor address; City; State; Zip Code	
Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
podiatrist self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
10/10/2023 Clawson DPM, Lacey (Dr.)	\$100.00
Contributor address; City; State; Zip Code	
Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
podiatrist self	
Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)	
11/10/2023 Clawson DPM, Lacey (Dr.)	\$100.00
Contributor address; City; State; Zip Code	
Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
podiatrist self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/10/2023 Clawson DPM, Lacey (Dr.) Amount of Contribution (\$)	\$100.00
	\$100.00
12/10/2023 Clawson DPM, Lacey (Dr.)	\$100.00
12/10/2023 Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code	\$100.00
12/10/2023 Clawson DPM, Lacey (Dr.)	\$100.00
12/10/2023 Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code Abilene, TX 79606 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$100.00
12/10/2023 Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code Abilene, TX 79606	\$100.00

The Instruction Guide explains how to complete this form.		1 Total pages Sche Sch: 15/63 Rpt			
2 FILER NAME			3 Filer ID (Ethics		,
Texas Podiatric Medical	IPAC		00016210		
4 Date 5 Full nam	ne of contributor out-of-state PAC (ID#:_)	7 Amount of Contri	bution (\$)	
09/21/2023 Crane I	DPM, Marybeth (Dr.)			\$100	0.00
6 Contribu	utor address; City; State; Zip Code				
Southla	ake, TX 76092				
8 Principal occupation / Job 1		9 Employer (See Instructions	<u> </u>		
Podiatrist		Self	,		
Date Full nam	ne of contributor out-of-state PAC (ID#:)	Amount of Contri	bution (\$)	
	r DPM, Jason (Dr.)	/	, anount of etc	\$20	0.00
				+=-	
Contribu	tor audress, City, State, Zip Code				
Sherma	an, TX 75092				
Principal occupation / Job 1		Employer (See Instructions	<u> </u> ;)		
Podiatrist		Self	,		
Date Full nam	ne of contributor out-of-state PAC (ID#:)	Amount of Contri	bution (\$)	
	r DPM, Jason (Dr.)	/		\$20	0.00
Contract					
Sherma	an, TX 75092				
Principal occupation / Job 1	title (See Instructions)	Employer (See Instructions	5)		
Podiatrist		Self			
Date Full nam	ne of contributor out-of-state PAC (ID#:_)	Amount of Contri	bution (\$)	
09/23/2023 Dodder	r DPM, Jason (Dr.)			\$100).00
Contribu	utor address; City; State; Zip Code				
	-				
	an, TX 75092				
Principal occupation / Job t	title (See Instructions)	Employer (See Instructions	6)		
Podiatrist		Self			
Date Full nam	ne of contributor out-of-state PAC (ID#:_)	Amount of Contri	bution (\$)	
09/26/2023 Dodder	r DPM, Jason (Dr.)			\$20	0.00
Contribu	utor address; City; State; Zip Code				
Sherma	an, TX 75092				
Principal occupation / Job 1	title (See Instructions)	Employer (See Instructions	5)		
Podiatrist		Self			
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	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 16/63 Rpt: 21/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		tric Medical PAC			00016210	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/03/2023	Dodder DPM, Jason (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code		"		
		Sherman, TX 75092				
-	Drinoinal ago		Employer (See Instruction			
l	Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions Self	15)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/26/2023	Dodder DPM, Jason (Dr.))			\$20.00
	10/20/2020					\$ <u>20.00</u>
		Contributor address, City, State, Zip Code				
		Sherman, TX 75092				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	IS)		
	Podiatrist		Self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/26/2023	Dodder DPM, Jason (Dr.)	,			\$20.00
		Contributor address; City; State; Zip Code				
		Sherman, TX 75092				
		pation / Job title (See Instructions)	Employer (See Instructions	IS)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2023	Fish DPM, Shay (Dr.)				\$20.00
		Contributor address; City; State; Zip Code		"		
⊢	Dringinglage	San Antonio, TX 78229	Freeleyer (Cas Instruction			
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self	IS)		
╘			301			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#00.00
	11/13/2023	Fish DPM, Shay (Dr.)				\$20.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78229				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Podiatrist		Self	-)		
⊢						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/63 Rpt: 22/70
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	tric Medical PAC		00016210
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/06/2023	Fish DPM, Shay (Dr.)		\$20.0
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78229		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/25/2023	Ford DPM, Kris (Dr.)		\$40.0
	Contributor address; City; State; Zip Code		
	La Vernia, TX 78121		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Podiatris		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/25/2023	Ford DPM, Kris (Dr.)		\$40.0
	Contributor address; City; State; Zip Code		
	La Vernia, TX 78121		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Podiatris		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/25/2023	Ford DPM, Kris (Dr.)		\$40.0
	Contributor address; City; State; Zip Code		
	La Vernia, TX 78121		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Podiatris		Self	
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/25/2023	Ford DPM, Kris (Dr.)		\$40.0
	Contributor address; City; State; Zip Code		
	La Vernia, TX 78121	i	
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Podiatris		Self	

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/63 Rpt: 23/70
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	atric Medical PAC		00016210
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/27/2023	Ford DPM, Kris (Dr.)		\$40.00
	6 Contributor address; City; State; Zip Code		
	La Vernia, TX 78121		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Podiatris		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/25/2023	Fortenberry Jr., Don		\$20.00
	Contributor address; City; State; Zip Code		
<u> </u>	Waco, TX 76712		<u> </u>
Principal occu Medical Sale	upation / Job title (See Instructions)	Employer (See Instructions	S)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/25/2023			\$40.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78251		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	l 3)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/25/2023	Gaynor-Elko DPM, Caroline (Dr.)		\$40.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78251		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/25/2023	Gaynor-Elko DPM, Caroline (Dr.)		\$40.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78251		
Bringinal accu		Employor (Soo Instructions	<u></u>
Podiatrist	upation / Job title (See Instructions)	Employer (See Instructions Self	>)

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages S Sch: 19/63		
2	FILER NAME			3 Filer ID (Et	-	n Filers)
-		atric Medical PAC		00016210		
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Co	ontribution (\$)	
	10/25/2023	Gaynor-Elko DPM, Caroline (Dr.)				\$40.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78251				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>\</u>		
0	Podiatrist		Self)		
⊨				A	tuiltantine (rh)	
	Date)	Amount of Co	ontribution (\$)	± 40.00
	11/27/2023					\$40.00
		Contributor address; City; State; Zip Code				
		San Antonia TV 70251				
	Dringing occu	San Antonio, TX 78251	Employer (See Instructions	<u>۸</u>		
	Principal occu Podiatrist	upation / Job title (See Instructions)	Employer (See Instructions Self)		
<u> </u>						
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Co	ontribution (\$)	± 10.00
	12/25/2023	Gaynor-Elko DPM, Caroline (Dr.)				\$40.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78251				
	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	١		
	Podiatrist		Self)		
_				A reasonable of Co	tuiltio (作)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Co	ontribution (\$)	ቀ100 00
	09/04/2023					\$100.00
		Contributor address; City; State; Zip Code				
		Frisco, TX 75036				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
	Podiatrist	· · · · ·	Self			
	Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Co	ontribution (\$)	
	07/04/2023	Graff DPM, Jeremiah (Dr.)			.,	\$75.00
	•••••	Contributor address; City; State; Zip Code				Ŧ ·
		Plano, TX 75093				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
	Podiatrist		Self			
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	The Instru	ction Guide explains how to complete th	is form.		1 Total pages Schedule A1: Sch: 20/63 Rpt: 25/70	
2	FILER NAME				3 Filer ID (Ethics Commission	Filers)
		tric Medical PAC			00016210	
4	Date	5 Full name of contributor out-of-state PAC	ID#:)	7 Amount of Contribution (\$)	
	08/04/2023	Graff DPM, Jeremiah (Dr.)				\$75.00
		6 Contributor address; City; State; Zip Code				
		Plano, TX 75093				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (Se	e Instructions)		
	Podiatrist		Self			
F	Date	Full name of contributor out-of-state PAC	ID#:)	Amount of Contribution (\$)	
	09/04/2023	Graff DPM, Jeremiah (Dr.)				\$75.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75093				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (Se	e Instructions)		
	Podiatrist		Self			
⊨	Date	Full name of contributor out-of-state PAC	I)	Amount of Contribution (\$)	
	10/04/2023	Graff DPM, Jeremiah (Dr.)	1 <i>D</i> π)		\$75.00
	10/0 //2020	Contributor address; City; State; Zip Code				¢10.00
		Plano, TX 75093				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (Se	e Instructions)	1	
	Podiatrist		Self	,		
╞	Date	Full name of contributor out-of-state PAC	ID#:)	Amount of Contribution (\$)	
	11/04/2023	Graff DPM, Jeremiah (Dr.)	ID#)		\$75.00
	11/04/2020					φ <i>1</i> 0.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75093				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (Se	e Instructions)		
	Podiatrist		Self	,		
╞	Date	Full name of contributor out-of-state PAC		、 、	Amount of Contribution (¢)	
	12/04/2023	Full name of contributor Out-of-state PAC Graff DPM, Jeremiah (Dr.)	ID#:)	Amount of Contribution (\$)	\$75.00
	12/04/2023					\$75.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75093				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (Sc	e Instructions)	•	
	Podiatrist		Self	.c manucuons)		
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2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		tric Medical PAC				00016210	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/23/2023	Gunther DPM, David (Dr.)					\$25.00
		6 Contributor address; City; State			1		
	Dringing occu	Houston, TX 77077		C Employer (See Instructions	<u> </u>		
ð	Principal occu Podiatrist	pation / Job title (See Instructions)		9 Employer (See Instructions Self	5)		
	Date	Full name of contributor	T out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/23/2023	Gunther DPM, David (Dr.)		/		Allount of Contribution (4)	\$25.00
	10/20/2020				•		Ψ20.00
		Contributor address; City; State	e; Zip Coue				
		Houston, TX 77077					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Podiatrist			Self			
╞	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/24/2023	Gunther DPM, David (Dr.)					\$25.00
		Contributor address; City; State			ł		·
			, Lip 0000				
		Houston, TX 77077					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Podiatrist			Self			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/23/2023	Gunther DPM, David (Dr.)	-				\$25.00
		Contributor address; City; State			1		
		Houston, TX 77077					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Podiatrist			Self			
Γ	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/25/2023	Han DPM, Myung Kyu (Dr.))				\$25.00
		Contributor address; City; State	e; Zip Code		1		
		Houston, TX 77025					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Podiatrist			Self			

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 22/63 Rpt: 27/70
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
-		tric Medical PAC		00016210
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	10/02/2023	Harper DPM, Sean (Dr.)		\$150.00
		6 Contributor address; City; State; Zip Code		
		Lubbock, TX 79424		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	ns)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	07/26/2023	Hernandez DPM, Eduardo (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Temple, TX 76502		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	08/26/2023	Hernandez DPM, Eduardo (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Temple, TX 76502		
		pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Podiatrist		Self	
	Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/26/2023	Hernandez DPM, Eduardo (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Temple, TX 76502		
	-	pation / Job title (See Instructions)	Employer (See Instructions	15)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/26/2023	Hernandez DPM, Eduardo (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Temple, TX 76502		
		pation / Job title (See Instructions)	Employer (See Instructions	าร)
	Podiatrist		Self	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 23/63 Rpt: 28/70
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Podiatric Medical PAC	00016210
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/26/2023 Hernandez DPM, Eduardo (Dr.)	\$10.00
6 Contributor address; City; State; Zip Code	
Temple, TX 76502	
8Principal occupation / Job title (See Instructions)9Employer (See Instructions)	
Podiatrist Self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/23/2023 Holmes, Denita	\$40.00
Contributor address; City; State; Zip Code	
Bulverde, TX 78163	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
sales	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/26/2023 Hughes, James	\$20.00
Contributor address; City; State; Zip Code	
San Benito, TX 78586	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
sales	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/23/2023 Jackman DPM, Matthew (Dr.)	\$250.00
Contributor address; City; State; Zip Code	
Sherman, TX 75090	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Podiatrist Self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/06/2023 Jacobs DPM, James (Dr.)	\$100.00
Contributor address; City; State; Zip Code	
Katy, TX 77450	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
podiatrist Self	

The Instruction Guide explains how to complete this form. 1. Total pages Structule A1: Struct Add Spt: 2970 2 FILER NAME Toxas Podiatric Medical PAC 3 Filer ID (Ethics Commission Filers) 00016210 0 Date 08/06/2023 5 Filer ID (Ethics Commission Filers) Jacobs DPM, James (Dr.) 0 ac-d-state PAC (Date Xay, TX 77450 7 Amount of Contribution (\$) \$100.00 8 Principal occupation / Job title (See Instructions) podiatrist 9 Employer (See Instructions) Soft Amount of Contribution (\$) \$100.00 9 Date 09/06/2023 Fut name of contributor Adapts State; Zip Code Kay, TX 77450 Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of						
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6 Contributor address; City; State; Zip Code Katy, TX 77450 9 B Principal occupation / Job title (See Instructions) podiatrist 9 Date 09/06/2023 Full name of contributor Jacobs DPM, James (Dr.) 0 aut-of-state PAC (Der. Contributor address; City; State: Zip Code Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) \$100.00 </td <td>4 Date</td> <td>5 Full name of contributor out-of-</td> <td>f-state PAC (ID#:</td> <td>)</td> <td>7 Amount of Contribut</td> <td>ion (\$)</td>	4 Date	5 Full name of contributor out-of-	f-state PAC (ID#:)	7 Amount of Contribut	ion (\$)
6 Contributor address; City; State; Zip Code Katy, TX 77450 9 Employer (See Instructions) Self Date Jacobs DPM, James (Dr.) Duter-state PAC (DE:) Jacobs DPM, James (Dr.) Amount of Contribution (\$) State; Zip Code Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) State; Zip Code Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Amount of Contribution (\$) State; Zip Code Date Full name of contributor	08/06/2023					\$100.00
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Contributor address; City; State; Zip Code Katy, TX 77450 Principal occupation / Job title (See Instructions) podiatrist Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (De:						
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12/06/2023 Jacobs DPM, James (Dr.) \$100.00 Contributor address; City; State; Zip Code Katy, TX 77450 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of	f-state PAC (ID#:)	Amount of Contribut	ion (\$)
Contributor address; City; State; Zip Code Katy, TX 77450 Principal occupation / Job title (See Instructions) Employer (See Instructions)	12/06/2023					
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Principal occupation / Job title (See Instructions) Employer (See Instructions)						
		Katy, TX 77450				
	Principal oc	 cupation / Job title (See Instructions)	E	mployer (See Instructions))	
	podiatrist		s	elf		
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The Ins	struction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 25/63 Rpt: 30/70	
2 FILER N	AME		3 Filer ID (Ethics Commission Filers))
	odiatric Medical PAC		00016210	,
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
09/22/20			\$25	5.00
	6 Contributor address; City; State; Zip Code			
	Hillsoboro, TX 76645			
8 Principal	occupation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Podiatri	st	Self		
Date	Full name of contributor out-of-state PAC (ID#	· :)	Amount of Contribution (\$)	
10/22/20			\$25	5.00
	Contributor address; City; State; Zip Code			
	Hillsoboro, TX 76645			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	5)	
Podiatri	st	Self		
Date	Full name of contributor Out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
11/24/20				5.00
	Hillsoboro, TX 76645			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	s)	
Podiatri	st	Self		
Date	Full name of contributor out-of-state PAC (ID#	· :)	Amount of Contribution (\$)	
12/22/20			\$25	5.00
	Contributor address; City; State; Zip Code			
	Hillsoboro, TX 76645			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	5)	
Podiatri	st	Self		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
07/01/2	John DPM, Shine (Dr.)		\$25	5.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78738			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	5)	
Podiatri	st	Self		

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 26/63 Rpt: 31/70	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		tric Medical PAC			00016210	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/01/2023	John DPM, Shine (Dr.)				\$25.00
		6 Contributor address; City; State; Zip Code				
_	<u> </u>	Austin, TX 78738		Ĺ		
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions Self	S)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/01/2023					\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78738				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>।</u> ऽ)		
	Podiatrist		Self	0)		
_	Date	Full name of contributor out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	10/01/2023	John DPM, Shine (Dr.))			\$25.00
	10/01/2023					Ψ23.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78738				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	11/01/2023	John DPM, Shine (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78738				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/01/2023	John DPM, Shine (Dr.)				\$25.00
		Contributor address; City; State; Zip Code		1		
	Duine i d	Austin, TX 78738	Freely (2.1.1.1			
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Podiatrist		Self			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/63 Rpt: 32/70	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		atric Medical PAC		-	00016210	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/23/2023	Johnson DPM, Matthew (Dr.)				\$50.00
	I	6 Contributor address; City; State; Zip Code		"		
		Coppell, TX 75019				
		ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	08/23/2023	Johnson DPM, Matthew (Dr.)				\$50.00
	I	Contributor address; City; State; Zip Code		"		
		Coppell, TX 75019				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	09/23/2023	Johnson DPM, Matthew (Dr.)				\$50.00
	I	Contributor address; City; State; Zip Code		.		
		Coppell, TX 75019				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	10/23/2023	Johnson DPM, Matthew (Dr.)				\$50.00
	I	Contributor address; City; State; Zip Code		"		
		Coppell, TX 75019				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	11/24/2023	Johnson DPM, Matthew (Dr.)				\$50.00
	I	Contributor address; City; State; Zip Code		"		
		Coppell, TX 75019				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 28/63 Rpt: 33/70
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		atric Medical PAC		00016210
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	12/23/2023	Johnson DPM, Matthew (Dr.)		\$50.00
		6 Contributor address; City; State; Zip Code		
		Coppell, TX 75019	1	
8		upation / Job title (See Instructions)	9 Employer (See Instructions	15)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/19/2023	Keh, Richard (Dr.)		\$200.00
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78202-2800		
		upation / Job title (See Instructions)	Employer (See Instructions	ns)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	07/25/2023	Khavari DPM, Naghmeh Lilly (Dr.)		\$50.00
	I	Contributor address; City; State; Zip Code		
		Plano, TX 75024		
		upation / Job title (See Instructions)	Employer (See Instructions	ns)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	08/25/2023	Khavari DPM, Naghmeh Lilly (Dr.)		\$50.00
	I	Contributor address; City; State; Zip Code		
		Plano, TX 75024	•	
		upation / Job title (See Instructions)	Employer (See Instructions	ns)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/21/2023	Khavari DPM, Naghmeh Lilly (Dr.)		\$20.00
	I	Contributor address; City; State; Zip Code		
		Plano, TX 75024		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ns)
	Podiatrist		Self	

The	Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/63 Rpt: 34/70	
2 FILEF	R NAME				3	Filer ID (Ethics Commission	Filers)
		tric Medical PAC			ľ	00016210	
4 Date		5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
09/2	5/2023	Khavari DPM, Naghmeh L					\$50.00
		6 Contributor address; City; Sta			"		
		Plano, TX 75024					
8 Princi	ipal occu	pation / Job title (See Instructions)	I	9 Employer (See Instructions	s)		
Podi	atrist			Self			
Date		Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
10/2	5/2023	Khavari DPM, Naghmeh L					\$50.00
					.		
		Plano, TX 75024					
Princi	ipal occu	pation / Job title (See Instructions))	Employer (See Instructions	s)		
Podi	atrist			Self			
Date		Full name of contributor	out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	1/2023	Khavari DPM, Naghmeh L					\$50.00
		Contributor address; City; Sta			·		
			, <u></u> p				
		Plano, TX 75024					
Princi	ipal occu	pation / Job title (See Instructions))	Employer (See Instructions	s)		
Podia	atrist			Self			
Date		Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	8/2023	Khavari DPM, Naghmeh L					\$50.00
	-	Contributor address; City; Sta			·		·
		Plano, TX 75024					
Princi	ipal occu	pation / Job title (See Instructions))	Employer (See Instructions	s)		
Podi	atrist			Self			
Date		Full name of contributor	out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	6/2023	Kyu Han DPM, Myung (Dr.		<u> </u>			\$25.00
	-	Contributor address; City; Sta			·		·
		Houston, TX 77025					
Princi	ipal occu	L pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	atrist	· · ·					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/63 Rpt: 35/70	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	atric Medical PAC		00016210	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/11/2023	LaGrone DPM, Frances (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Sour Lake, TX 77659			
	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/11/2023	LaGrone DPM, Frances (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Sour Lake, TX 77659			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/11/2023	LaGrone DPM, Frances (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Sour Lake, TX 77659			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/21/2023	LaGrone DPM, Frances (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Sour Lake, TX 77659			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/03/2023	LaGrone DPM, Frances (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Sour Lake, TX 77659			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Podiatrist		Self		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 31/63 Rpt: 36/70	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Texas Podiatric Medical PAC			00016210	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/11/2023	LaGrone DPM, Frances (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Sour Lake, TX 77659			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions))		
Podiatrist		Self	1	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
Date 11/11/2023	Full name of contributor out-of-state PAC (ID#: LaGrone DPM, Frances (Dr.))		\$10.00
11/11/2023			\$10.00	
	Contributor address; City; State; Zip Code			
	Sour Lake, TX 77659			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Podiatrist		Self	'	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
12/10/2023	LaGrone DPM, Frances (Dr.)	/		\$10.00
12/10/2020				
	Culturbulor address, City, State, Zip Code			
	Sour Lake, TX 77659			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/26/2023	Langlois DPM, Michael (Dr.)			\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
Principal occupation / Job title (See Instructions)		Employer (See Instructions))	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/26/2023	Langlois DPM, Michael (Dr.)			\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
Principal occupation / Job title (See Instructions)		Employer (See Instructions))	
Podiatrist		Self		

The Ins	truction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 32/63 Rpt: 37/70	
2 FILER N	AME		3 Filer ID (Ethics Commission File	ers)
	odiatric Medical PAC		00016210	,,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/26/20			\$	\$25.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
	occupation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Podiatris	st	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/26/20			\$	\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	s)	
Podiatris	st	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/26/20			\$	\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
	occupation / Job title (See Instructions)	Employer (See Instructions	3)	
Podiatris	st	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/14/20			\$	\$25.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76179			
-	occupation / Job title (See Instructions)	Employer (See Instructions	5)	
Podiatris	st	Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/10/20	223 Legel DPM, Kennedy (Dr.)		\$	\$20.00
	Contributor address; City; State; Zip Code			
	Keller, TX 76244			
-	occupation / Job title (See Instructions)	Employer (See Instructions	3)	
Podiatris	st	Self		
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 33/63 Rpt: 38/70	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
-		atric Medical PAC			00016210	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	08/10/2023	Legel DPM, Kennedy (Dr.)				\$20.00
		6 Contributor address; City; State; Zip Code		"		
		Keller, TX 76244				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ıs)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Τ	Amount of Contribution (\$)	
	09/10/2023	Legel DPM, Kennedy (Dr.)				\$20.00
		Contributor address; City; State; Zip Code		···		
		Keller, TX 76244				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Podiatrist		Self			
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	Τ	Amount of Contribution (\$)	
	10/10/2023	Legel DPM, Kennedy (Dr.)				\$20.00
		Contributor address; City; State; Zip Code		···		
		Keller, TX 76244				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Podiatrist		Self			
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	Τ	Amount of Contribution (\$)	
	11/10/2023	Legel DPM, Kennedy (Dr.)				\$20.00
		Contributor address; City; State; Zip Code		···		
		Keller, TX 76244				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Podiatrist		Self			
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	Τ	Amount of Contribution (\$)	
	12/10/2023	Legel DPM, Kennedy (Dr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Keller, TX 76244				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Podiatrist		Self			

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/63 Rpt: 39/70	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		tric Medical PAC			00016210	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/23/2023	Leva DPM, Abinav (Dr.)				\$60.00
		6 Contributor address; City; State; Zip Code		"		
L	<u> </u>	Kingwood, TX 77339		Ĺ		
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9 Employer (See Instructions Self	S)		
	Poulainsi		Sell			
	Date)		Amount of Contribution (\$)	
	09/26/2023	Lis, Edward				\$20.00
		Contributor address; City; State; Zip Code				
		Katy, TX 77493				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	sales					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/14/2023	Lisch DPM, Mark (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77008		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/26/2023	Lynch DPM, D. Matt (Dr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Tomple TV 70504				
	Deinsinglasse	Temple, TX 76504				
	•	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/26/2023	Lynch DPM, D. Matt (Dr.)				\$20.00
		Contributor address; City; State; Zip Code				
∟		Temple, TX 76504		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			

			1 Total pages Schedule A1:
The Instrue	ction Guide explains how to complete this f	orm.	Sch: 35/63 Rpt: 40/70
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Podia	tric Medical PAC		00016210
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/26/2023	Lynch DPM, D. Matt (Dr.)		\$20.00
	6 Contributor address; City; State; Zip Code		
	Temple, TX 76504	1 <u>.</u>	<u> </u>
 8 Principal occu Podiatrist 	pation / Job title (See Instructions)	9 Employer (See Instructions Self	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/26/2023	Lynch DPM, D. Matt (Dr.)		\$20.00
	Contributor address; City; State; Zip Code		
	Temple, TX 76504		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/26/2023	MacTavish DPM, Lawrence (Dr.)		\$20.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77068		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/26/2023	MacTavish DPM, Lawrence (Dr.)		\$20.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77068		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/26/2023	MacTavish DPM, Lawrence (Dr.)		\$20.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77068		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Podiatrist		Self	
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The	Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/63 Rpt: 41/70	
2 FILER	R NAME			3	Filer ID (Ethics Commission	Filers)
		tric Medical PAC			00016210	,
4 Date		5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
10/26	6/2023	MacTavish DPM, Lawrence (Dr.)				\$20.00
		6 Contributor address; City; State; Zip Code		"		
		Houston, TX 77068				
8 Princi	ipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Podia	atrist		Self			
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
11/26	6/2023	MacTavish DPM, Lawrence (Dr.)				\$20.00
		Contributor address; City; State; Zip Code		"		
		Houston, TX 77068				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
Podia	atrist		Self			
Date		Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
07/26	6/2023	MacTavish DPM, Scott (Dr.)				\$20.00
		Contributor address; City; State; Zip Code]		
		Heisten TV 77000				
Drinoi		Houston, TX 77090		<u> </u>		
Princip Podia		pation / Job title (See Instructions)	Employer (See Instructions Self	S)		
				Т	1	
Date	6/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
00/20	3/2023					ΦΖ Ο.ΟΟ
		Contributor address; City; State; Zip Code				
		Houston, TX 77090				
Princi	ipal occu	I pation / Job title (See Instructions)	Employer (See Instructions	s)		
Podia	atrist		Self			
Date		Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Τ	Amount of Contribution (\$)	
09/26	6/2023	MacTavish DPM, Scott (Dr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77090				
Princi	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Podia	atrist		Self			

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 37/63 Rpt: 42/70	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
Texas Podia	atric Medical PAC		00016210	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/10/2023				\$100.00
	6 Contributor address; City; State; Zip Code			
2 Duin singly age	Houston, TX 77090-2611		、 、	
8 Principal occu Podiatrist	upation / Job title (See Instructions)	9 Employer (See Instructions) Self)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/10/2023	Margolis DPM, Scott (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77090-2611			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/10/2023	Margolis DPM, Scott (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77090-2611			
Principal occu Podiatrist	upation / Job title (See Instructions)	Employer (See Instructions) Self)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/10/2023	Margolis DPM, Scott (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77090-2611	1		
Principal occu Podiatrist	upation / Job title (See Instructions)	Employer (See Instructions) Self)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/10/2023	Margolis DPM, Scott (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77090-2611			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Podiatrist		Self		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/63 Rpt: 43/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		tric Medical PAC		ľ	00016210	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/10/2023	Margolis DPM, Scott (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77090-2611				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Podiatrist		Self			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2023	Matnishian DPM, Vahe (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		F F				
		Kingston, NY 12401				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	10/11/2023	McCarty DPM, Kathren (Dr.)				\$20.00
				•		
		San Antonio, TX 78240				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Podiatrist		Self			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	07/25/2023	Miles DPM, Jerry (Dr.))		/cu.it of Contained and (+)	\$100.00
	01/20/2020			•		+_00.00
		Contributor address, City, State, Zip Code				
		Houston, TX 77090				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Podiatrist	· · · · · · · · · · · · · · · · · · ·	Self	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	\	Г	Amount of Contribution (\$)	
	08/28/2023	Miles DPM, Jerry (Dr.))			\$100.00
	00/20/2020	Contributor address; City; State; Zip Code				\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77090				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Podiatrist		Self	-,		
⊢						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/63 Rpt: 44/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		atric Medical PAC			00016210	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/25/2023	Miles DPM, Jerry (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code		"		
		Houston, TX 77090				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	10/25/2023	Miles DPM, Jerry (Dr.)				\$100.00
				·		
		Houston, TX 77090				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/25/2023	Miles DPM, Jerry (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		·		
		Houston, TX 77090				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	07/14/2023	Miller DPM, Jason C. (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		"		
		Kingwood, TX 77339	<u>1 /2</u>			
	•	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/14/2023	Miller DPM, Jason C. (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		King and TV 77990				
	<u></u>	Kingwood, TX 77339		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
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The Instr	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 40/63 Rpt: 45/70	
2 FILER NAM	 IE		3 Filer ID (Ethics Commission	n Filers)
	liatric Medical PAC		00016210	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/14/2023				\$100.00
	6 Contributor address; City; State; Zip Code			
	Kingwood, TX 77339			
	cupation / Job title (See Instructions)	9 Employer (See Instructions))	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/14/2023				\$100.00
	Contributor address; City; State; Zip Code			
	Kingwood, TX 77339			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions))	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/14/2023	3 Miller DPM, Jason C. (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Kingwood, TX 77339			
-	cupation / Job title (See Instructions)	Employer (See Instructions))	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/24/2023				\$200.00
	Contributor address; City; State; Zip Code			
	Cleburne, TX 76033			
·	cupation / Job title (See Instructions)	Employer (See Instructions))	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/26/2023	3 Morrison DPM, Christian (Dr.)			\$25.00
	Contributor address; City; State; Zip Code			
	Fairview, TX 75069			
	cupation / Job title (See Instructions)	Employer (See Instructions))	
Podiatrist		Self		
		-		

	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 41/63 Rpt: 46/70	
2	FILER NAME			3 Filer ID (Ethics Commission	on Filers)
		tric Medical PAC		00016210	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	08/26/2023	Morrison DPM, Christian (Dr.)			\$25.00
		6 Contributor address; City; State; Zip Code			
		Fairview, TX 75069			
		pation / Job title (See Instructions)	9 Employer (See Instructions))	
	Podiatrist		Self		
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
	09/26/2023	Morrison DPM, Christian (Dr.)			\$25.00
		Contributor address; City; State; Zip Code			
		Fairview, TX 75069			
		pation / Job title (See Instructions)	Employer (See Instructions))	
	Podiatrist		Self		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	10/26/2023	Morrison DPM, Christian (Dr.)			\$25.00
		Contributor address; City; State; Zip Code			
		Fairview, TX 75069			
		pation / Job title (See Instructions)	Employer (See Instructions))	
	Podiatrist		Self		
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	_
	11/26/2023	Morrison DPM, Christian (Dr.)			\$25.00
		Contributor address; City; State; Zip Code			
		Fairview, TX 75069		、	
		ipation / Job title (See Instructions)	Employer (See Instructions))	
	Podiatrist		Self		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/18/2023	Morrison DPM, Christian (Dr.)			\$1,000.00
		Contributor address; City; State; Zip Code			
		Fairview, TX 75069			
		pation / Job title (See Instructions)	Employer (See Instructions))	
	Podiatrist		Self		

The Instr	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 42/63 Rpt: 47/70
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
	iatric Medical PAC		00016210
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/27/2023	,,		\$50.
	6 Contributor address; City; State; Zip Code		1
	Temple, TX 76502		
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions	s)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
08/27/2023		,	\$50.
••••			
	Temple, TX 76502		
Principal occ	Lupation / Job title (See Instructions)	Employer (See Instructions	s)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/27/2023			\$50.
			1
	Temple, TX 76502		
	cupation / Job title (See Instructions)	Employer (See Instructions	5)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/27/2023	, , ,		\$50.
	Contributor address; City; State; Zip Code		1
	Temple, TX 76502		
•	cupation / Job title (See Instructions)	Employer (See Instructions	3)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/27/2023	Murdoch DPM, Douglas (Dr.)		\$50.
	Contributor address; City; State; Zip Code		1
	Temple, TX 76502	1	
	cupation / Job title (See Instructions)	Employer (See Instructions	5)
Podiatrist		Self	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 43/63 Rpt: 48/70	
2	FILER NAME			3	Filer ID (Ethics Commission	1 Filers)
		tric Medical PAC			00016210	/
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/31/2023	Nava Jr. DPM, Samuel (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		Carrollton, TX 75010				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Podiatrist		self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/01/2023	O'Meara DPM, Sean (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
		El Paso, TX 79912				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/26/2023	Obias, Nicholas				\$20.00
		Contributor address; City; State; Zip Code		1		
		Harlingen, TX 78550				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	student					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/23/2023	Ogunlana DPM, Babajide (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77077				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/24/2023	Onosode DPM, Nere (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75231				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			

The Instruction (Guide explains how to com	plete this for	r m.	1	Total pages Schedule A1: Sch: 44/63 Rpt: 49/70	
2 FILER NAME				3	Filer ID (Ethics Commission I	Filers)
Texas Podiatric Med	dical PAC				00016210	
4 Date 5 Full	name of contributor out-of-s	state PAC (ID#:)	7	Amount of Contribution (\$)	
10/24/2023 One	osode DPM, Nere (Dr.)					\$10.00
6 Cor	ntributor address; City; State; Zip Co			1		
	llas, TX 75231					
	Job title (See Instructions)	9	Employer (See Instructions	s)		
Podiatrist			Self			
Date Full	name of contributor out-of-s	state PAC (ID#:)	Ī	Amount of Contribution (\$)	
11/27/2023 One	osode DPM, Nere (Dr.)					\$10.00
Cor	ntributor address; City; State; Zip Co			1		
Dal	llas, TX 75231					
Principal occupation /	Job title (See Instructions)		Employer (See Instructions	s)		
Podiatrist			Self			
Date Full	name of contributor out-of-s	state PAC (ID#:)	Γ	Amount of Contribution (\$)	
12/24/2023 One	osode DPM, Nere (Dr.)					\$10.00
Cor	ntributor address; City; State; Zip Co			1		
Dal	llas, TX 75231					
	Job title (See Instructions)		Employer (See Instructions	s)		
Podiatrist			Self			
Date Full	name of contributor out-of-s	state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/28/2023 Par	rrett DPM, Jeffrey (Dr.)					\$20.00
Cor	ntributor address; City; State; Zip Co			"		
	rleson, TX 76028					
	Job title (See Instructions)		Employer (See Instructions	s)		
Podiatrist			Self			
Date Full	name of contributor 🗌 out-of-s	state PAC (ID#:)	Γ	Amount of Contribution (\$)	
08/28/2023 Par	rrett DPM, Jeffrey (Dr.)					\$20.00
Cor	Contributor address; City; State; Zip Code			"		
1						
Bur	rleson, TX 76028					
	rleson, TX 76028 Job title (See Instructions)		Employer (See Instructions	s)		
			Employer (See Instructions Self	s)		

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 45/63 Rpt: 50/70	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	atric Medical PAC		00016210	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/28/2023				\$20.00
	6 Contributor address; City; State; Zip Code			
	Burleson, TX 76028			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/28/2023				\$20.00
	Burleson, TX 76028			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Podiatrist		Self	<i>''</i>)	
	Full same of contributor		Amount of Contribution (\$)	
Date)	Amount of Contribution (\$)	<u>ቀეი იი</u>
11/28/2023				\$20.00
	Contributor address; City; State; Zip Code			
	Burleson, TX 76028			
Dringinglogg		Employer (Cool potructions		
Principal occi Podiatrist	upation / Job title (See Instructions)	Employer (See Instructions Self	;)	
Poulauisi	·	5ell		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/23/2023	Perry DPM, Jacquelyn (Dr.)			\$25.00
	Contributor address; City; State; Zip Code		1	
	Kennedale, TX 76060	1		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/23/2023	Perry DPM, Jacquelyn (Dr.)			\$25.00
	Contributor address; City; State; Zip Code			
	Kennedale, TX 76060			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Podiatrist		Self		

The Instr	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 46/63 Rpt: 51/70
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
	liatric Medical PAC		00016210
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/24/2023			\$25.00
	6 Contributor address; City; State; Zip Code		1
	Kennedale, TX 76060		
	cupation / Job title (See Instructions)	9 Employer (See Instructions	5)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/23/2023			\$25.00
	Contributor address; City; State; Zip Code		1
	Kennedale, TX 76060		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	S)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)
09/22/2023			\$100.00
	Contributor address; City; State; Zip Code		1
	Corsicana, TX 75110		
-	cupation / Job title (See Instructions)	Employer (See Instructions	s)
podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/26/2023			\$50.00
	Contributor address; City; State; Zip Code		1
	Humble, TX 77396		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/26/2023	3 Pham DPM, Thomas (Dr.)		\$50.00
	Contributor address; City; State; Zip Code		1
	Humble, TX 77396		
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	s)
Podiatrist		Self	
		•	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 47/63 Rpt: 52/70	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	atric Medical PAC		00016210	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
09/26/2023	Pham DPM, Thomas (Dr.)			\$50.00
	6 Contributor address; City; State; Zip Code			
	Humble, TX 77396			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Podiatrist		Self		
Date	Full name of contributor out-of-state PAC (ID#:	· :)	Amount of Contribution (\$)	
09/23/2023	Phelps DPM, Robert (Dr.)			\$1,000.00
	Tyler, TX 75709			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Principal occu Podiatrist			<i>i)</i>	
PUUlaurisi		Self		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
07/22/2023	Pietzsch DPM, Renee (Dr.)			\$25.00
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78628			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Podiatrist		self	,	
			Amount of Contribution (¢)	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	ቀጋር በባ
08/22/2023				\$25.00
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78628			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Podiatrist		self		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
09/22/2023	Pietzsch DPM, Renee (Dr.)			\$25.00
	Contributor address; City; State; Zip Code			Ŧ
	Continuation address, City, State, Zip Code			
	Georgetown, TX 78628			
	-		<u> </u>	
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Podiatrist		self		

	The Instru	ction Guide explains how to complete this f	orm.		al pages Schedule A1: h: 48/63 Rpt: 53/70	
2	FILER NAME				er ID (Ethics Commission	Filers)
		tric Medical PAC			016210	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Am	ount of Contribution (\$)	
	10/22/2023	Pietzsch DPM, Renee (Dr.)				\$25.00
		6 Contributor address; City; State; Zip Code				
		Georgetown, TX 78628				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Podiatrist		self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Am	ount of Contribution (\$)	
	11/22/2023	Pietzsch DPM, Renee (Dr.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78628	· · · · · · · · ·			
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Am	ount of Contribution (\$)	
	09/21/2023	Pitts DPM, Megan (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Tomple TV 76502				
	Dringing ogg	Temple, TX 76502	Employer (Coo Instructions			
	Principal occu Podiatrist	upation / Job title (See Instructions)	Employer (See Instructions Self	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Am	ount of Contribution (\$)	÷10.00
	10/21/2023					\$10.00
		Contributor address; City; State; Zip Code				
		Temple, TX 76502				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Podiatrist		Self	"		
				I Am	aust of Contribution (\$)	
	Date 11/22/2023	Full name of contributor out-of-state PAC (ID#: Pitts DPM, Megan (Dr.))		ount of Contribution (\$)	\$10.00
	11/22/2025					Φ10.00
		Contributor address; City; State; Zip Code				
		Temple, TX 76502				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ב)		
	Podiatrist		Self	"		

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2	FILER NAME			3 1	Filer ID (Ethics Commission	n Filers)
	Texas Podia	tric Medical PAC			00016210	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/21/2023	Pitts DPM, Megan (Dr.)				\$10.00
		6 Contributor address; City; State; Zip Code		"		
		Temple, TX 76502				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Podiatrist	1	Self			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/28/2023	Quach DPM, Tin (Dr.)			• •	\$100.00
		Contributor address; City; State; Zip Code		·		
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/28/2023	Quach DPM, Tin (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		·		
		McAllen, TX 78504				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/28/2023	Quach DPM, Tin (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78504	· · · · · · · · ·	<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	/	Amount of Contribution (\$)	
	10/28/2023	Quach DPM, Tin (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Manles TV 70E04				
	Dringing ogg	McAllen, TX 78504	Employer (Cool Instructions	<u> </u>		
	Principal occu Podiatrist	upation / Job title (See Instructions)	Employer (See Instructions Self	S)		
	Poulauisi		3011 			

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 50/63 Rpt: 55/70
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	atric Medical PAC		00016210
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/28/2023	Quach DPM, Tin (Dr.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/19/2023	Raspovic DPM, Katherine (Dr.)		\$50.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75390		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/23/2023	Rastegar, Reza		\$40.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77021	i	
Principal occu sales	upation / Job title (See Instructions)	Employer (See Instructions	5)
sales			1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/21/2023			\$40.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Podiatrist		Self	, ,
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/26/2023	Ravoori DPM, Cherub (Dr.)		\$20.00
	Contributor address; City; State; Zip Code		
	Temple, TX 76502		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Podiatrist		Self	

The Instruction Guide explains how to complete this form. 1 Total rages Solutelia A1: Sch: 51/63 Rpt: 56/70 2 FILER NAME Texas Podiatric Medical PAC 3 Filer (Efficite Commission Filers) 00015210 4 Date 09/23/202 5 Full name occeptitubition (act of state PAC (Dot Temple, TX 76508 7 Amount of Contribution (\$) \$25.00 8 Principal occupation / Job title (See Instructions) Podiatrist 9 Employer (See Instructions) Self Amount of Contribution (\$) \$25.00 9 Date 01/23/2023 Full name of contributor Temple, TX 76508 9 Employer (See Instructions) Self Amount of Contribution (\$) \$25.00 9 Date 10/23/2023 Full name of contributor Temple, TX 76508 Amount of Contribution (\$) \$25.00 Amount of Contribution (\$) \$25.00 9 Date 11/24/2023 Full name of contributor Temple, TX 76508 Employer (See Instructions) Self Amount of Contribution (\$) \$25.00 9 Date 11/24/2023 Full name of contributor Temple, TX 76508 Employer (See Instructions) Self Amount of Contribution (\$) \$25.00 9 Date 12/23/2023 Full name of contributor Temple, TX 76508 Employer (See Instructions) Self Amount of Contribution (\$) \$25.00 9 Date 12/23/2023 Full name of contributor Temple, TX 76508 Employer (See Instructions) Self Amount of Contribution (\$) \$25.00 9 Date 12/23/2023 Full name of contributor Temple, TX 76508 Employer (
Texas Podiatric Medical PAC 00016210 4 Date 5 Full name of contribution [] aut-ot-state PAC (D2:] 7 Amount of Contribution (\$) 99/23/2023 6 Contribution address; City; State; Zip Code 7 Temple, TX 76508 9 Employer (See Instructions) 9 Employer (See Instructions) Podiatrist Self Amount of Contribution (\$) Date Full name of contributor	The Instru	ction Guide explains how to complete this f	orm.		
Texas Podiatric Medical PAC 00016210 4 Date 5 Full name of contribution [] aut-ot-state PAC (D2:] 7 Amount of Contribution (\$) 99/23/2023 6 Contribution address; City; State; Zip Code 7 Temple, TX 76508 9 Employer (See Instructions) 9 Employer (See Instructions) Podiatrist Self Amount of Contribution (\$) Date Full name of contributor	2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
09/23/2023 Robinson DPM, Patrick (Dr.) \$25.00 6 Contributor address; City; State; Zip Code \$25.00 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Podiatrist Pull name of contributor out-of-state PAC (De:					
6 Contributor address; City, State; Zip Code Temple, TX 76508 Pincipal occupation / Job title (See Instructions) Podiatrist Set Date Full name of contributor	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	09/23/2023				\$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist 9 Employer (See Instructions) Self Date 10/23/2023 Full name of contributor out-of-state PAC (Der) Robinson DPM, Patrick (Dr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Temple, TX 76508 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions) Self Amount of Contribution (\$) Date 11/24/2023 Full name of contributor out-of-state PAC (Der) Self Amount of Contribution (\$) Date 11/24/2023 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions) Self Amount of Contribution (\$) Date 12/23/2023 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions) Self Amount of Contribution (\$) Date 12/23/2023 Full name of contributor out-of-state PAC (Der) Self Amount of Contribution (\$) Date 12/23/2024 Full name of contributor out-of-state PAC (Der) Sel					
8 Principal occupation / Job title (See Instructions) Podiatrist 9 Employer (See Instructions) Self Date 10/23/2023 Full name of contributor out-of-state PAC (Der) Robinson DPM, Patrick (Dr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Temple, TX 76508 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions) Self Amount of Contribution (\$) Date 11/24/2023 Full name of contributor out-of-state PAC (Der) Self Amount of Contribution (\$) Date 11/24/2023 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions) Self Amount of Contribution (\$) Date 12/23/2023 Full name of contributor out-of-state PAC (Der) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions) Self Amount of Contribution (\$) Date 12/23/2023 Full name of contributor out-of-state PAC (Der) Self Amount of Contribution (\$) Date 12/23/2024 Full name of contributor out-of-state PAC (Der) Sel					
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10/23/2023 Robinson DPM, Patrick (Dr.) \$25.00 Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Podiatrist Full name of contributor out-of-state PAC (IDI:	Podiatrist		Self		
10/23/2023 Robinson DPM, Patrick (Dr.) \$25.00 Contributor address; City; State; Zip Code Temple, TX 76508 Principal occupation / Job title (See Instructions) Employer (See Instructions) Podiatrist Self Date Full name of contributor	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Temple, TX 76508 Principal occupation / Job title (See Instructions) Employer (See Instructions) Poliatrist Self Date Full name of contributor	10/23/2023	Robinson DPM, Patrick (Dr.)			\$25.00
Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) 11/24/2023 Robinson DPM, Patrick (Dr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions) Self Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/23/2023 Robinson DPM, Patrick (Dr.) Self Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/23/2023 Robinson DPM, Patrick (Dr.) Employer (See Instructions) Self Self Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/01/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/01/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribu					
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Contributor address; City; State; Zip Code Temple, TX 76508 Principal occupation / Job title (See Instructions) Podiatrist Date Full name of contributor out-of-state PAC (ID#;) Robinson DPM, Patrick (Dr.) Contributor address; City; State; Zip Code Temple, TX 76508 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Podiatrist Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) Self Principal occupation / Job title (See Instructions) Podiatrist Date Full name of contributor out-of-state PAC (ID#;)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Podiatrist Full name of contributor out-of-state PAC (ID#:	11/24/2023				\$25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Podiatrist Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.00 12/23/2023 Robinson DPM, Patrick (Dr.) \$25.00 Contributor address; City; State; Zip Code Full name of contributor \$25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$25.00 Podiatrist Self Self \$25.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Podiatrist Self Self \$25.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/01/2023 Rosado DPM, Rebecca (Dr.) Amount of Contribution (\$) \$250.00 Contributor address; City; State; Zip Code El Paso, TX 79912 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$250.00					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Podiatrist Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.00 12/23/2023 Robinson DPM, Patrick (Dr.) \$25.00 Contributor address; City; State; Zip Code Full name of contributor \$25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$25.00 Podiatrist Self Self \$25.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Podiatrist Self Self \$25.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/01/2023 Rosado DPM, Rebecca (Dr.) Amount of Contribution (\$) \$250.00 Contributor address; City; State; Zip Code El Paso, TX 79912 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$250.00					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Podiatrist Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.00 12/23/2023 Robinson DPM, Patrick (Dr.) \$25.00 Contributor address; City; State; Zip Code Full name of contributor \$25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$25.00 Podiatrist Self Self \$25.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Podiatrist Self Self \$25.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/01/2023 Rosado DPM, Rebecca (Dr.) Amount of Contribution (\$) \$250.00 Contributor address; City; State; Zip Code El Paso, TX 79912 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$250.00		Temple TX 76508			
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Temple, TX 76508 Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Rosado DPM, Rebecca (Dr.) Amount of Contribution (\$) \$250.00 10/01/2023 Rosado DPM, Rebecca (Dr.) \$250.00 Contributor address; City; State; Zip Code El Paso, TX 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions)	11 , 10 , 1 1				*-· ···
Principal occupation / Job title (See Instructions) Employer (See Instructions) Podiatrist Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/01/2023 Rosado DPM, Rebecca (Dr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code El Paso, TX 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
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10/01/2023 Rosado DPM, Rebecca (Dr.) \$250.00 Contributor address; City; State; Zip Code El Paso, TX 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Podiatrist		Self		
Contributor address; City; State; Zip Code El Paso, TX 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
El Paso, TX 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions)	10/01/2023	Rosado DPM, Rebecca (Dr.)			\$250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Podlathst		upation / Job title (See Instructions)		5)	
	Podiatrist		Sell		

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 52/63 Rpt: 57/70	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	atric Medical PAC		00016210	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/26/2023	Sanchez DPM, Anna (Dr.)		:	\$50.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78224			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	 s)	
Podiatrist		Self	"	
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
Date 07/24/2023)	Amount of Contribution (\$)	\$10.00
0/124/2023				\$10.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77042			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	>\	
Principal occu Podiatrist		Self	3)	
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	+10.00
08/24/2023				\$10.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77042			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions		
Podiatrist		Self	<i>)</i>)	
			Amount of Contribution (¢)	
Date 09/24/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	ቀ10 በበ
09/24/2023				\$10.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77042			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Podiatrist		Self	,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
10/24/2023	Saucier DPM, Taylor (Dr.)	/		\$10.00
10/2 //2022	Contributor address; City; State; Zip Code			Ψ10.00
	Continuutor address, City, State, Zip Code			
	Houston, TX 77042			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Podiatrist	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Self	· ·	
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The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 53/63 Rpt: 58/70
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	atric Medical PAC		00016210
4 Date	5 Full name of contributor out-of-state PA	.C (ID#:)	7 Amount of Contribution (\$)
11/27/2023	Saucier DPM, Taylor (Dr.)		\$10.0
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77042		
	ipation / Job title (See Instructions)	9 Employer (See Instruction	ions)
Podiatrist		Self	
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of Contribution (\$)
12/24/2023	Saucier DPM, Taylor (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77042		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruction	ions)
Podiatrist		Self	
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of Contribution (\$)
09/21/2023	Schwartz DPM, Rebecca (Dr.)		\$10.0
	Houston, TX 77080		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruction	ions)
Podiatrist		Self	
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of Contribution (\$)
09/21/2023	Schwartz DPM, Rebecca (Dr.)		\$20.0
	Houston, TX 77080		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruction	ions)
Podiatrist		Self	
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of Contribution (\$)
10/21/2023	Schwartz DPM, Rebecca (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77080		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instruction	ions)
Podiatrist		Self	,
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	The Instru	ction Guide explains how to complete	this fc	orm.	1	Total pages Schedule A1: Sch: 54/63 Rpt: 59/70	
2	FILER NAME				3	Filer ID (Ethics Commission	ı Filers)
-		tric Medical PAC				00016210	
4	Date	5 Full name of contributor Out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	11/22/2023	Schwartz DPM, Rebecca (Dr.)					\$10.00
	1	6 Contributor address; City; State; Zip Code					
		Houston, TX 77080	r				
8		pation / Job title (See Instructions)	[9 Employer (See Instructions))		
	Podiatrist			Self			
	Date		AC (ID#:)		Amount of Contribution (\$)	
	12/21/2023	Schwartz DPM, Rebecca (Dr.)					\$10.00
	I	Contributor address; City; State; Zip Code					
		Houston, TX 77080	r				
	•	ipation / Job title (See Instructions)		Employer (See Instructions))		
	Podiatrist			Self			
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	09/23/2023	Shibuya DPM, Naohiro (Dr.)					\$26.00
	I	Contributor address; City; State; Zip Code					
	<u></u>	Harlingen, TX 78550	r		Ļ		
	Principal occu Podiatrist	ipation / Job title (See Instructions)		Employer (See Instructions))		
				Self	_		
	Date	Full name of contributor out-of-state PA	4C (ID#:)		Amount of Contribution (\$)	
	10/23/2023						\$26.00
		Contributor address; City; State; Zip Code					
		Ladingon TV 79550					
	Dringingl occu	Harlingen, TX 78550		Employer (See Instructions			
	Principal occu Podiatrist	ipation / Job title (See Instructions)		Employer (See Instructions))		
			<u> </u>		—		
	Date	Full name of contributor out-of-state PA	4C (ID#:)		Amount of Contribution (\$)	* 20 00
	11/24/2023	Shibuya DPM, Naohiro (Dr.)					\$26.00
		Contributor address; City; State; Zip Code					
		Harlingen, TX 78550					
_	Dringinal occu	pation / Job title (See Instructions)	<u> </u>	Employor (See Instructions	<u> </u>		
	Principal occu Podiatrist			Employer (See Instructions))		
	Poulainsi			Jeii			

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 55/63 Rpt: 60/70
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		tric Medical PAC		00016210
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	12/23/2023	Shibuya DPM, Naohiro (Dr.)		\$26.00
		6 Contributor address; City; State; Zip Code		1
		Harlingen, TX 78550		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/31/2023	Solomon DPM, Carl D. (Dr.)		\$5.00
		Contributor address; City; State; Zip Code		1
		Dallas, TX 75246		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	07/26/2023	Stanton DPM, Steven (Dr.)		\$20.00
		Contributor address; City; State; Zip Code		1
		Houston, TX 77095		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	08/26/2023	Stanton DPM, Steven (Dr.)		\$20.00
		Contributor address; City; State; Zip Code		
⊢	<u> </u>	Houston, TX 77095		
		pation / Job title (See Instructions)	Employer (See Instructions	S)
	Podiatrist		Self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/26/2023	Stanton DPM, Steven (Dr.)		\$20.00
		Contributor address; City; State; Zip Code		
		Houston TX 77005		
⊢	Duin sin 1	Houston, TX 77095	Freedowser (Co. J. J. J.	
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Podiatrist		Self	
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2 FILER NAME	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	atric Medical PAC			00016210
4 Date	5 Full name of contributor out-of-	f-state PAC (ID#:)	7 Amount of Contribution (\$)
10/26/2023	Stanton DPM, Steven (Dr.)			\$20.0
	6 Contributor address; City; State; Zip Co			1
	Houston, TX 77095	I		
	pation / Job title (See Instructions)	9	Employer (See Instructions	5)
Podiatrist			Self	
Date		f-state PAC (ID#:)	Amount of Contribution (\$)
11/26/2023	Stanton DPM, Steven (Dr.)			\$20.0
	Contributor address; City; State; Zip Co]
Di inden	Houston, TX 77095		— (0 lastruction	
-	ipation / Job title (See Instructions)		Employer (See Instructions	5)
Podiatrist	<u>. </u>		Self	
Date		f-state PAC (ID#:)	Amount of Contribution (\$)
09/23/2023	Toole DPM, Roxanne (Dr.)			\$25.0
	Contributor address; City; State; Zip Co			
	Conroe, TX 77304			
Dringinal occu			Employer (See Instructions	~\
Podiatrist	pation / Job title (See Instructions)		Self	5)
Date		f-state PAC (ID#:)	Amount of Contribution (\$)
10/23/2023				\$25.0
	Contributor address; City; State; Zip Co	Code		
	Conroe, TX 77304			
Principal occl	ipation / Job title (See Instructions)		Employer (See Instructions	s)
Podiatrist	, , , , , , , , , , , , , , , , , , ,		Self	-,
Date	Full name of contributor	f-state PAC (ID#:)	Amount of Contribution (\$)
11/24/2023	Toole DPM, Roxanne (Dr.)		/	\$25.0
	Contributor address; City; State; Zip Co	Inde		•
	Conroe, TX 77304			
Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions	5)
Podiatrist			Self	
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The	Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 57/63 Rpt: 62/70	
2 FILE	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)	
		tric Medical PAC				00016210	
4 Date		5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
12/2	3/2023	Toole DPM, Roxanne (Dr.					\$25.00
		6 Contributor address; City; St			"		
		Conroe, TX 77304					
		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Podi	iatrist			Self			
Date		Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
09/2	3/2023	Treleven DPM, Kristen (D					\$25.00
		Contributor address; City; St			·		
		-	· ·				
		Van Alstyne, TX 75495					
Princ	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Podi	iatrist			Self			
Date		Full name of contributor	out-of-state PAC (ID#:_)	Ι	Amount of Contribution (\$)	
10/2	3/2023	Treleven DPM, Kristen (D				•••	\$25.00
		Contributor address; City; St	-		·		
			xio, <u></u> p				
		Van Alstyne, TX 75495					
Princ	ipal occu	pation / Job title (See Instructions))	Employer (See Instructions	s)		
Podi	iatrist			Self			
Date		Full name of contributor	out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	4/2023	Treleven DPM, Kristen (D					\$25.00
		Contributor address; City; St			·		
			xio, <u></u> p				
		Van Alstyne, TX 75495					
Princ	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Podi	iatrist			Self			
Date		Full name of contributor	out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
12/2	3/2023	Treleven DPM, Kristen (D					\$25.00
		Contributor address; City; St	-		·		
			xio, <u></u> p				
		Van Alstyne, TX 75495					
Princ	ipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	iatrist			Self	-		

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	atric Medical PAC		00016210
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/23/2023			\$40.00
	6 Contributor address; City; State; Zip Code		1
	Dallas, TX 75081		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Podiatrist		Self	-,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/21/2023	Venegas DPM, Luis		\$250.00
	Contributor address; City; State; Zip Code		1
Drizpipal app	Brownsville, TX 78526		
podiatrist	upation / Job title (See Instructions)	Employer (See Instructions self	5)
· · ·			
Date 07/24/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$25.00
U//24/2023			φ20.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78705		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/24/2023	Walters DPM, Steven (Dr.)		\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78705		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	β)
Podiatrist	•	Self	, ,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
09/24/2023	Walters DPM, Steven (Dr.)		\$25.00
	Contributor address; City; State; Zip Code		•
· · · ·	Austin, TX 78705	·	
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Podiatrist		Self	

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2 FILER NAME				3	Filer ID (Ethics Commission	Filers)
	as Podiatric Medical PAC				00016210	
4 Date 5 Full na	ame of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
10/24/2023 Walte	ers DPM, Steven (Dr.)					\$25.00
6 Contri	butor address; City; Stat			"		
Austir	n, TX 78705					
8 Principal occupation / Jo	b title (See Instructions)		9 Employer (See Instructions	s)		
Podiatrist			Self			
Date Full na	ame of contributor	Out-of-state PAC (ID#)	Т	Amount of Contribution (\$)	
	ers DPM, Steven (Dr.))			\$25.00
						Ψ <u>2</u> 0.00
Contin	butor address; City; Stat	e, zip coue				
Austir	n, TX 78705					
Principal occupation / Jo			Employer (See Instruction	<u> </u>		
Podiatrist			Self	,		
Date Full na	ame of contributor			Т	Amount of Contribution (\$)	
	e DPM, John M. (Dr.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
						\$100.00
Contri	butor address; City; Stat	e; Zip Code				
Texa	rkana, TX 75503-2340					
Principal occupation / Jo			Employer (See Instruction	s)		
Podiatrist			Self	-)		
Date Full na	ame of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	erson DPM, Dalerie (Dr)			\$150.00
						φ100.00
Contin	butor address; City; Stat	e, zip Code				
DeSc						
	0to, IX 75115					
	oto, TX 75115		Employer (See Instructions	s)		
Principal occupation / Jo Podiatrist			Employer (See Instructions	s)		
Principal occupation / Jo Podiatrist	b title (See Instructions)			s)	Amount of Contribution (\$)	
Principal occupation / Jo Podiatrist Date Full na	b title (See Instructions)	out-of-state PAC (ID#:		s)	Amount of Contribution (\$)	\$25.00
Principal occupation / Jo Podiatrist Date Full na 09/23/2023 Wilks	b title (See Instructions) ame of contributor		Self)	s)	Amount of Contribution (\$)	\$25.00
Principal occupation / Jo Podiatrist Date Full na 09/23/2023 Wilks	b title (See Instructions) ame of contributor		Self)	s)	Amount of Contribution (\$)	\$25.00
Principal occupation / Jo Podiatrist Date Full na 09/23/2023 Wilks	b title (See Instructions) ame of contributor		Self)	s)	Amount of Contribution (\$)	\$25.00
Principal occupation / Jo Podiatrist Date Full na 09/23/2023 Wilks Contri	b title (See Instructions) ame of contributor		Self)	s)	Amount of Contribution (\$)	\$25.00
Principal occupation / Jo Podiatrist Date Full na 09/23/2023 Wilks Contri DeSo	b title (See Instructions) ame of contributor [; DPM, Alton ; butor address; City; Stat ota, TX 75115		Self)		Amount of Contribution (\$)	\$25.00
Principal occupation / Jo Podiatrist Date Full na 09/23/2023 Wilks Contri	b title (See Instructions) ame of contributor [; DPM, Alton ; butor address; City; Stat ota, TX 75115		Self)		Amount of Contribution (\$)	\$25.00
Principal occupation / Jo Podiatrist Date Full na 09/23/2023 Wilks Contri DeSo Principal occupation / Jo	b title (See Instructions) ame of contributor [; DPM, Alton ; butor address; City; Stat ota, TX 75115		Self) Employer (See Instruction		Amount of Contribution (\$)	\$25.00

The Instruction	on Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 60/63 Rpt: 65/70
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Podiatric	: Medical PAC		00016210
4 Date 5	Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10/23/2023	Wilks DPM, Alton		\$25.
6	Contributor address; City; State; Zip Code		
	DoCoto TV 75115		
8 Principal occupati	DeSota, TX 75115 tion / Job title (See Instructions)	9 Employer (See Instructions)	\
Podiatrist		Self)
I			the second of Ocentricity (f)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/24/2023			\$25.
1	Contributor address; City; State; Zip Code		
	DeSota, TX 75115		
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions))
Podiatrist	····· ,	Self	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/23/2023	Wilks DPM, Alton	/	\$25.
	Contributor address; City; State; Zip Code		
	DeSota, TX 75115		
	tion / Job title (See Instructions)	Employer (See Instructions))
Podiatrist		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/23/2023	Williams, Jennifer		\$20.
	Contributor address; City; State; Zip Code		
	· _ · _ · _ · _ · _ ·		
	Rosenberg, TX 77471	<u> </u>	
· · ·	tion / Job title (See Instructions)	Employer (See Instructions))
Sales			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/26/2023	Wisdom DPM, Jill (Dr.)		\$20.
	Contributor address; City; State; Zip Code		
	Plano, TX 75024		
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions)	\
Podiatrist		self)
1			

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	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 61/63 Rpt: 66/70	
2	P FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Podiatric Medical PAC			00016210
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	08/26/2023	Wisdom DPM, Jill (Dr.)		\$20.00
		6 Contributor address; City; State; Zip Code		
		Plano, TX 75024		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	.))
	Podiatrist		self	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/23/2023	Wisdom DPM, Jill (Dr.)		\$25.00
		Contributor address; City; State; Zip Code		
		· · · · · · · · · · · · · · · · · · ·		
		Plano, TX 75024		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
	Podiatrist		self	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/26/2023	Wisdom DPM, Jill (Dr.)		\$20.00
	Contributor address; City; State; Zip Code			
		· · · · · · · · · · · · · · · · · · ·		
		Plano, TX 75024		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
	Podiatrist		self	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/03/2023	Wisdom DPM, Jill (Dr.)		\$25.00
		Contributor address; City; State; Zip Code		
		Plano, TX 75024		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
	Podiatrist		self	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	10/23/2023	Wisdom DPM, Jill (Dr.)		\$25.00
	Contributor address; City; State; Zip Code			
		· · · · · · · · · · · · · · · · · · ·		
		Plano, TX 75024		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
	Podiatrist		self	
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	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 62/63 Rpt: 67/70	
2	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Podiatric Medical PAC			00016210
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	10/26/2023	Wisdom DPM, Jill (Dr.)		\$20.00
		6 Contributor address; City; State; Zip Code		
		Plano, TX 75024		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	.))
	Podiatrist		self	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/02/2023	Wisdom DPM, Jill (Dr.)		\$25.00
		Contributor address; City; State; Zip Code		
		F F		
		Plano, TX 75024		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
	Podiatrist		self	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/24/2023	Wisdom DPM, Jill (Dr.))	\$25.00
		Contributor address, City, State, Zip Code		
		Plano, TX 75024		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Podiatrist		self	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/26/2023	Wisdom DPM, Jill (Dr.))	\$20.00
	11/20/2020			φ20.00
		Contributor address; City; State; Zip Code		
		Plano, TX 75024		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions] ;)
	Podiatrist		self	,
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
	12/04/2023	Full name of contributor out-of-state PAC (ID#: Wisdom DPM, Jill (Dr.))	\$25.00
	12/04/2023			ψ23.00
		Contributor address; City; State; Zip Code		
		Plano, TX 75024		
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ()
	Podiatrist		self	7
⊢			501	

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 63/63 Rpt: 68/70	
2	FILER NAME			3	Filer ID (Ethics Commission F	Filers)
	Texas Podia	tric Medical PAC			00016210	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/23/2023	Wisdom DPM, Jill (Dr.)				\$25.00
	12/20/2020			•		Ψ <u>2</u> 0.00
		6 Contributor address; City; State; Zip Code				
L		Plano, TX 75024				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Podiatrist		self			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/22/2023	Wyle DPM, Joni (Dr.)				\$20.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77096				
⊢	Dringinglassy		Employer (Cas Instruction			
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Podiatrist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/21/2023	Zimmer DPM, Chris (Dr.)				\$20.00
	Contributor address; City; State; Zip Code			1		
		Temple, TX 76502				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Podiatrist		Self			
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/2 Rpt: 69/70	Texas Podiatric Medical PAC 00016210			
4 Date	5 Payee name			
11/30/2023	Hinojosa, Juan (Sen.)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,500.00	1508 S. Lone Star Way			
\$1,000100	-			
Expenditure from	Suite 5B			
corporate funds	Edinburg, TX 78539			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	campaign contribution			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/19/2023	Jones, Venton (Rep.)			
09/19/2023	Jones, Venton (Rep.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	1075 Griffin Street West			
4000100				
Expenditure from	Suite 212			
corporate funds	Dallas, TX 75215			
-				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee			
	campaign contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			
Data	Deute norme			
Date	Payee name			
10/31/2023	Klick, Stephanie (Rep.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P. O. Box 7592			
Expenditure from	Fort Worth TV 76111			
corporate funds	Fort Worth, TX 76111			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	campaign contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	5			
-				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 70/70	Texas Podiatric Medical PAC		00016210
4 Date	5 Payee name		
11/30/2023	Patrick, Dan (The Honorable)		
6 Amount (\$) \$1,500.00	 Payee address; City; State; P. O. Box 685085 	Zip Code	
Expenditure from corporate funds	Austin, TX 78768		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ontribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held
Date	Payee name		
12/20/2023	Perry, Charles (Sen.)		
Amount (\$)		Zip Code	
\$1,000.00	PO Box 94806		
Expenditure from corporate funds	Lubbock, TX 79493		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ntributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held