

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016210	2 Total pages filed: 70
3 COMMITTEE NAME Texas Podiatric Medical PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/10/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200 Austin, TX 78701	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Melinda NICKNAME LAST SUFFIX Daise	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200 Austin, TX 78701	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200 Austin, TX 78701	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 494-1123	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 07/01/2023 THROUGH 12/31/2023	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03/05/2024 <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Podiatric Medical PAC	13 Filer ID (Ethics Commission Filers) 00016210
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Venton Jones State Representative
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,624.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 38,208.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mrs. Melinda Daise

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Texas Podiatric Medical PAC		18 Filer ID 00016210	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	16,624.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	5,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/63 Rpt: 6/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdul-Kareem DPM, Ali (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78539	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdul-Kareem DPM, Ali (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78539	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdul-Kareem DPM, Ali (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78539	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdul-Kareem DPM, Ali (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78539	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdul-Kareem DPM, Ali (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78539	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/63 Rpt: 7/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 12/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdul-Kareem DPM, Ali (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78539	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 07/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Irving, TX 75061	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Irving, TX 75061	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Irving, TX 75061	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Irving, TX 75061	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/63 Rpt: 9/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 07/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Steven (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Greenville, TX 75401	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) self
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/63 Rpt: 10/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code Albany, TX 76430	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code Albany, TX 76430	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code Albany, TX 76430	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code Albany, TX 76430	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/63 Rpt: 12/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 08/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning DPM, Christopher (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Temple, TX 76502	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Baylor Scott & White
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning DPM, Christopher (Dr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Baylor Scott & White
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning DPM, Christopher (Dr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Baylor Scott & White
Date 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning DPM, Christopher (Dr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Baylor Scott & White
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/63 Rpt: 13/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 08/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78739	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts DPM, Turner (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Spring, TX 77389	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/63 Rpt: 14/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 08/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts DPM, Turner (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77389	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts DPM, Turner (Dr.) <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts DPM, Turner (Dr.) <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts DPM, Turner (Dr.) <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts DPM, Turner (Dr.) <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/63 Rpt: 15/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cairns DPM, Daniel (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Keller, TX 76248	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cairns DPM, Daniel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Keller, TX 76248	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cairns DPM, Daniel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Keller, TX 76248	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Leslie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Allen, TX 75013	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/63 Rpt: 16/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 08/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Yoakum, TX 77995	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 09/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/63 Rpt: 17/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 12/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Yoakum, TX 77995	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmack DPM, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Burnet, TX 78611	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Azle, TX 76020	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Azle, TX 76020	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Azle, TX 76020	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Filers) 00016210
4 Date 12/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Azle, TX 76020	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 07/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Churchwell DPM, Charles Stan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carrollton, TX 75010	
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Filers) 00016210
4 Date 09/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79606	
8 Principal occupation / Job title (See Instructions) podiatrist		9 Employer (See Instructions) self
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/63 Rpt: 20/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crane DPM, Marybeth (Dr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Southlake, TX 76092		
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodder DPM, Jason (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Sherman, TX 75092		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodder DPM, Jason (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Sherman, TX 75092		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodder DPM, Jason (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sherman, TX 75092		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodder DPM, Jason (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Sherman, TX 75092		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/63 Rpt: 21/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodder DPM, Jason (Dr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Sherman, TX 75092		
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodder DPM, Jason (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Sherman, TX 75092		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodder DPM, Jason (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Sherman, TX 75092		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code San Antonio, TX 78229		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code San Antonio, TX 78229		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/63 Rpt: 22/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78229	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 07/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford DPM, Kris (Dr.) <hr/> Contributor address; City; State; Zip Code La Vernia, TX 78121	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Podiatris		Employer (See Instructions) Self
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford DPM, Kris (Dr.) <hr/> Contributor address; City; State; Zip Code La Vernia, TX 78121	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Podiatris		Employer (See Instructions) Self
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford DPM, Kris (Dr.) <hr/> Contributor address; City; State; Zip Code La Vernia, TX 78121	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Podiatris		Employer (See Instructions) Self
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford DPM, Kris (Dr.) <hr/> Contributor address; City; State; Zip Code La Vernia, TX 78121	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Podiatris		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/63 Rpt: 23/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford DPM, Kris (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code La Vernia, TX 78121	
8 Principal occupation / Job title (See Instructions) Podiatris		9 Employer (See Instructions) Self
Date 07/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortenberry Jr., Don	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Waco, TX 76712	
Principal occupation / Job title (See Instructions) Medical Sales		Employer (See Instructions)
Date 07/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor-Elko DPM, Caroline (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78251	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor-Elko DPM, Caroline (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78251	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor-Elko DPM, Caroline (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78251	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/63 Rpt: 24/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor-Elko DPM, Caroline (Dr.)	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78251		
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor-Elko DPM, Caroline (Dr.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code San Antonio, TX 78251		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor-Elko DPM, Caroline (Dr.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code San Antonio, TX 78251		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George DPM, Thomas (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Frisco, TX 75036		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff DPM, Jeremiah (Dr.)	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/63 Rpt: 25/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 08/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff DPM, Jeremiah (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Plano, TX 75093	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff DPM, Jeremiah (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff DPM, Jeremiah (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff DPM, Jeremiah (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graff DPM, Jeremiah (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/63 Rpt: 26/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.)	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77077		
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77077		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77077		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77077		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Han DPM, Myung Kyu (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77025		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/63 Rpt: 27/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper DPM, Sean (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Lubbock, TX 79424	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez DPM, Eduardo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez DPM, Eduardo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez DPM, Eduardo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez DPM, Eduardo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/63 Rpt: 29/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 08/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Katy, TX 77450	
8 Principal occupation / Job title (See Instructions) podiatrist		9 Employer (See Instructions) Self
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Katy, TX 77450	
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Katy, TX 77450	
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Katy, TX 77450	
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Katy, TX 77450	
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/63 Rpt: 30/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hillsboro, TX 76645	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hillsboro, TX 76645	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hillsboro, TX 76645	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hillsboro, TX 76645	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78738	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/63 Rpt: 31/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 08/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78738	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/63 Rpt: 32/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 07/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Coppell, TX 75019	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 08/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Coppell, TX 75019	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Coppell, TX 75019	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Coppell, TX 75019	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Coppell, TX 75019	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/63 Rpt: 33/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 12/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Coppell, TX 75019	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keh, Richard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78202-2800	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75024	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75024	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75024	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/63 Rpt: 34/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyu Han DPM, Myung (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/63 Rpt: 35/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 07/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Sour Lake, TX 77659	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sour Lake, TX 77659	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sour Lake, TX 77659	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sour Lake, TX 77659	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sour Lake, TX 77659	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/63 Rpt: 37/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78249	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law DPM, Rona (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76179	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Keller, TX 76244	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/63 Rpt: 38/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76244	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/63 Rpt: 39/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leva DPM, Abinav (Dr.)	7 Amount of Contribution (\$) \$60.00
6 Contributor address; City; State; Zip Code Kingwood, TX 77339		
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lis, Edward	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Katy, TX 77493		
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisch DPM, Mark (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77008		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch DPM, D. Matt (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Temple, TX 76504		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch DPM, D. Matt (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Temple, TX 76504		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/63 Rpt: 40/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch DPM, D. Matt (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Temple, TX 76504	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch DPM, D. Matt (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76504	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacTavish DPM, Lawrence (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77068	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacTavish DPM, Lawrence (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77068	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacTavish DPM, Lawrence (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77068	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/63 Rpt: 41/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacTavish DPM, Lawrence (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77068	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacTavish DPM, Lawrence (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77068	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacTavish DPM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77090	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacTavish DPM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77090	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacTavish DPM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77090	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/63 Rpt: 42/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77090-2611	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77090-2611	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77090-2611	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77090-2611	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77090-2611	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/63 Rpt: 43/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 12/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77090-2611	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matnishian DPM, Vahe (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kingston, NY 12401	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty DPM, Kathren (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles DPM, Jerry (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77090	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles DPM, Jerry (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77090	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/63 Rpt: 44/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles DPM, Jerry (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77090	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles DPM, Jerry (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77090	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles DPM, Jerry (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77090	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kingwood, TX 77339	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kingwood, TX 77339	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/63 Rpt: 45/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Kingwood, TX 77339	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kingwood, TX 77339	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kingwood, TX 77339	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore DPM, Braden (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cleburne, TX 76033	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison DPM, Christian (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/63 Rpt: 46/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 08/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison DPM, Christian (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fairview, TX 75069	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison DPM, Christian (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison DPM, Christian (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison DPM, Christian (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison DPM, Christian (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/63 Rpt: 47/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 07/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murdoch DPM, Douglas (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Temple, TX 76502	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 08/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murdoch DPM, Douglas (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murdoch DPM, Douglas (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murdoch DPM, Douglas (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murdoch DPM, Douglas (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/63 Rpt: 49/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrett DPM, Jeffrey (Dr.) <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrett DPM, Jeffrey (Dr.) <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/63 Rpt: 50/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrett DPM, Jeffrey (Dr.)	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Burleson, TX 76028		
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrett DPM, Jeffrey (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Burleson, TX 76028		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrett DPM, Jeffrey (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Burleson, TX 76028		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Kennedale, TX 76060		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Kennedale, TX 76060		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/63 Rpt: 51/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 11/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Kennedale, TX 76060	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) <hr/> Contributor address; City; State; Zip Code Kennedale, TX 76060	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petty DPM, Jeffrey (Dr.) <hr/> Contributor address; City; State; Zip Code Corsicana, TX 75110	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham DPM, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code Humble, TX 77396	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham DPM, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code Humble, TX 77396	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/63 Rpt: 52/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham DPM, Thomas (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Humble, TX 77396	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelps DPM, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75709	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pietzsch DPM, Renee (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pietzsch DPM, Renee (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pietzsch DPM, Renee (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/63 Rpt: 53/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pietzsch DPM, Renee (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) self
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pietzsch DPM, Renee (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts DPM, Megan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts DPM, Megan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts DPM, Megan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/63 Rpt: 54/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts DPM, Megan (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Temple, TX 76502	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quach DPM, Tin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quach DPM, Tin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quach DPM, Tin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quach DPM, Tin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/63 Rpt: 55/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quach DPM, Tin (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raspovic DPM, Katherine (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75390	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rastegar, Reza	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77021	
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattan DPM, Raiford (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ravoori DPM, Cherub (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/63 Rpt: 56/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Temple, TX 76508	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76508	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76508	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Temple, TX 76508	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosado DPM, Rebecca (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/63 Rpt: 57/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez DPM, Anna (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78224	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucier DPM, Taylor (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77042	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucier DPM, Taylor (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77042	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucier DPM, Taylor (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77042	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucier DPM, Taylor (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77042	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/63 Rpt: 58/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucier DPM, Taylor (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucier DPM, Taylor (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/63 Rpt: 59/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 11/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77080	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/63 Rpt: 60/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 12/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of Contribution (\$) \$26.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon DPM, Carl D. (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75246	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/63 Rpt: 61/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton DPM, Steven (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77095	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton DPM, Steven (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77095	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Conroe, TX 77304	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Conroe, TX 77304	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Conroe, TX 77304	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/63 Rpt: 62/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 12/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Conroe, TX 77304	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Van Alstyne, TX 75495	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Van Alstyne, TX 75495	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Van Alstyne, TX 75495	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Van Alstyne, TX 75495	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/63 Rpt: 63/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 09/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt DPM, Michael (Dr.)	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Dallas, TX 75081		
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venegas DPM, Luis	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Brownsville, TX 78526		
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters DPM, Steven (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78705		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters DPM, Steven (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78705		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters DPM, Steven (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78705		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/63 Rpt: 64/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters DPM, Steven (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78705	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters DPM, Steven (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White DPM, John M. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Texarkana, TX 75503-2340	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson DPM, Dalerie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code DeSoto, TX 75115	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code DeSoto, TX 75115	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/63 Rpt: 65/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton <hr/> 6 Contributor address; City; State; Zip Code DeSota, TX 75115	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton <hr/> Contributor address; City; State; Zip Code DeSota, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton <hr/> Contributor address; City; State; Zip Code DeSota, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Jennifer <hr/> Contributor address; City; State; Zip Code Rosenberg, TX 77471	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/63 Rpt: 66/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 08/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Plano, TX 75024	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) self
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75024	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75024	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75024	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75024	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/63 Rpt: 67/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.)	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Plano, TX 75024		
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) self
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Plano, TX 75024		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Plano, TX 75024		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Plano, TX 75024		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Plano, TX 75024		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/63 Rpt: 68/70
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 12/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) self
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyle DPM, Joni (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmer DPM, Chris (Dr.) <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 69/70	2 FILER NAME Texas Podiatric Medical PAC	3 Filer ID (Ethics Commission Filers) 00016210
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4 Date 11/30/2023	5 Payee name Hinojosa, Juan (Sen.)
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1508 S. Lone Star Way Suite 5B Edinburg, TX 78539
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 09/19/2023	Payee name Jones, Venton (Rep.)
--------------------	------------------------------------

Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 Griffin Street West Suite 212 Dallas, TX 75215
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2023	Payee name Klick, Stephanie (Rep.)
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 7592 Fort Worth, TX 76111
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 70/70	2 FILER NAME Texas Podiatric Medical PAC	3 Filer ID (Ethics Commission Filers) 00016210
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4 Date 11/30/2023	5 Payee name Patrick, Dan (The Honorable)
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 685085 Austin, TX 78768
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
---------------------------------	---	---

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

Date 12/20/2023	Payee name Perry, Charles (Sen.)
--------------------	-------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 94806 Lubbock, TX 79493
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contributions
------------------------	---	--

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