MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Tł	ne MPAC Instruction (Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00015622		2 Total pages filed: 90
3	COMMITTEE NAME					OFFICE USE ONLY
	Texas Optometric I	PAC				
						Date Received
						ELECTRONICALLY FILED
						02/04/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CI	TY; STATE; ZIP		
	ADDRESS	3011 N. Lamar				
		Ste 300				
	Change of Address					
-		MS / MRS / MR FIRST			MI	Date Hand-delivered or Date Postmarked
l ,	CAMPAIGN TREASURER				IVII	Descript //
	NAME	Ms. Brenda J	-			Receipt # Amount
		NICKNAME LAST			SUFFIX	Date Processed
					301117	
		BJ Avery				Date Imaged
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CIT	Y; STA	ATE; ZIP CODE
	STREET	3011 N. Lamar				
	ADDRESS	Ste 300				
	(Residence or Business)	Austin, TX 78705				
Ļ	CAMDAICN					
Ľ	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;		APT / SUITE #; CIT	Y; 51.	ATE; ZIP CODE
	MAILING					
	ADDRESS					
	Change of Address					
8	CAMPAIGN	AREA CODE PHONE NUMBER		EXTENSION		
ľ	TREASURER					
	PHONE	(512) 707-2020				
9	REPORT TYPE					
ľ		X Monthly	Γ	10th day after campaig treasurer termination	in [Dissolution (Attach PAC-DR)
					-	
10	MONTHLY	January 5 April	5	July 5		October 5
	REPORT FILING DEADLINE		5			
		X February 5 May	5	Augu	st 5	November 5
					mala a u 🗖	
		March 5 June	35	Septe	mber 5	December 5
11	L PERIOD	Month Day Year			Month	Day Year
	COVERED	12/26/2023	THF	OUGH	01/25/2	
⊢						
1						
1						
		GO .	го	PAGE 2		
Ļ						Version V3.5.1.9000c471
-0	ruis provided by Tex	as Ethics Commission www.e	INIC	s.state.tx.us		version V3.5.1.9000c471

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer II	D (Ethics Commission Filers)
Texas Optometric PAC			00015	5622
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	3 0.00
	2. TOTAL POLITICA		\$	31,167.40
EXPENDITURE TOTALS		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3 0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	5 73,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	ST DAY	4 35,510.63
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS O REPORTING PERIOD	F THE \$	5 0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of true and correct and includes all inf under Title 15, Election Code.		
		Ms. Bre Signature of 0	ampaign Tr	
		Signature of C	Sampaign n	leasurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
			, this the	day
of	_, 20, to certify v	vhich, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title o	f officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47f

SUI	BT	OTALS - MPAC	C	OVEI	FORM MPAC R SHEET PG 3 3 of 90
17 COMN Texas		EE NAME tometric PAC	18 Filer ID 00015622	(Ethic	s Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	31,167.40
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	73,500.00
11. [SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	9,527.54
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/60 Rpt: 4/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	01/15/2024	Acosta O.D., Celeste				\$50.00
	1	6 Contributor address; City; State; Zip Code	,	1		
	I	1				
	I	1				
		Helotes, TX 78023				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		_
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Alexander O.D., Lindsey				\$100.00
	1	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Sunnyvale, TX 75182				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Ali O.D., Mohsan				\$20.20
	1	Contributor address; City; State; Zip Code		1		
	I	1				
	I					
		Pearland, TX 77584				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist			—		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	01/15/2024	Allen O.D., Mark				\$50.00
	I	Contributor address; City; State; Zip Code]		
	I	1				
	I	Atlanta TV 75551				
	Dringing occu	Atlanta, TX 75551	Employer (See Instructions			
	Optometrist	ipation / Job title (See Instructions)	Employer (See Instructions	3)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 220.00
	01/15/2024	Allison O.D., Joseph				\$200.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	I	Pr/op TV 77002				
	Dringing oog	Bryan, TX 77802	Employer (Cool Instructions	<u> </u>		
	Optometrist	ipation / Job title (See Instructions)	Employer (See Instructions	3)		
	Optometrist					

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/60 Rpt: 5/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Altig O.D., William	,			\$400.00
		6 Contributor address; City; State; Zip Code				
		Fort Worth, TX 76137				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Amador O.D., Nancy	/			\$100.00
	01/10/2024	-				\$100.00
		Contributor address; City; State; Zip Code				
		Leander, TX 78641				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist		F	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Amin O.D., Opal)			\$50.00
	01/10/2024	Contributor address; City; State; Zip Code				\$50.00
		Contributor address, City, State, Zip Code				
		Austin, TX 78730				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Optometrist					
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Amir O.D., Nancy	/		(1)	\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Amy O.D., Nailing				\$20.20
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79107				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
⊢						

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/60 Rpt: 6/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optometric PAC				00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/15/2024	Anderson O.D., Vanessa				\$100.00
		6 Contributor address; City; State; Zip Code		\mathbf{I}		
		Amarillo, TX 79109				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/15/2024	Angie O.D., Ramirez				\$100.00
	ł	Contributor address; City; State; Zip Code		1		
		Pharr, TX 78582				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Annunziato O.D., Tom				\$200.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76008				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Arroyo O.D., Julio				\$50.00
		Contributor address; City; State; Zip Code]		
		Houston TV 77076				
┝	Dringinal occu	Houston, TX 77076 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			5)		
╘			<u> </u>	1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>محم مم</u>
	01/15/2024	Arya O.D., Dimple				\$50.00
		Contributor address; City; State; Zip Code				
		Sugar Land, TX 77479				
┝	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			5)		
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SCHEDULE	A1
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	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 4/60 Rpt: 7/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	
4	Date	5 Full name of contributor out-of-state	te PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Aston II O.D., William					\$100.00
		6 Contributor address; City; State; Zip Code	Э				
Ļ	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ft Worth, TX 76179	I				
8	Principal occu Optometrist	pation / Job title (See Instructions)		9 Employer (See Instructions)		
╞	-						
	Date	<u> </u>	te PAC (ID#:)		Amount of Contribution (\$)	÷00.00
	01/15/2024						\$20.20
		Contributor address; City; State; Zip Code	3				
		Longview, TX 75603					
-	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist				,		
╞	Date	Full name of contributor out-of-state)		Amount of Contribution (\$)	
	01/15/2024	Baker O.D., Catherine	te PAC (ID#:)			\$50.00
	01/13/2024		-				φ30.00
		Contributor address; City; State; Zip Code	3				
		Conroe, TX 77301					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
F	Date	Full name of contributor out-of-state	te PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Barajas O.D., Juan					\$50.00
		Contributor address; City; State; Zip Code	Э				
		Mission, TX 78572					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor 🗌 out-of-state	te PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Barajas O.D., Juan					\$50.00
		Contributor address; City; State; Zip Code	e				
		Mission, TX 78572	r				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/60 Rpt: 8/90 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **Texas Optometric PAC** 00015622 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/15/2024 Barber O.D., Matt \$50.00 6 Contributor address; City; State; Zip Code Ft. Worth, TX 76116-5525 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Optometrist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/15/2024 \$200.00 Barnes O.D., Sophia Contributor address; City; State; Zip Code Houston, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/15/2024 Barraza O.D., Jessica \$30.00 Contributor address; City; State; Zip Code Killeen, TX 76542 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/15/2024 \$50.00 Bate O.D., Joy Contributor address; City; State; Zip Code Haslet, TX 76052 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/15/2024 \$200.00 Bernay O.D., Deborah Contributor address; City; State; Zip Code La Porte, TX 77571 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist

	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 6/60 Rpt: 9/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Birkmann O.D., Mark				\$200.00
		6 Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78628				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Bock O.D., Matthew				\$20.20
		Houston, TX 77063				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Optometrist					
	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	01/15/2024	Brantley O.D., Todd	//			\$100.00
		Contributor address; City; State; Zip Code		ł		
		Plano, TX 75024				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>г</u> S)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (I /ID#:)	Г	Amount of Contribution (\$)	
	01/15/2024	Brenda O.D., Brochetti	//			\$20.20
		Contributor address; City; State; Zip Code		1		
		Plano, TX 75075				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			,		
⊨	Date	Full name of contributor out-of-state PAC (<u> </u>	Г	Amount of Contribution (\$)	
	01/15/2024	Brending O.D., Gabrielle				\$5.00
	01/10/2021	Contributor address; City; State; Zip Code				40.00
		Contributor address, City, State, Zip Code				
		Seabrook, TX 77586				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u>і</u> s)		
	Optometrist			,		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/60 Rpt: 10/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Brinegar O.D., Vaughn				\$20.20
		6 Contributor address; City; State; Zip Code		1		
		Cedar Park, TX 78613				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Broussard O.D., Wendy				\$100.00
		Contributor address; City; State; Zip Code				
		Beaumont, TX 77701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Brown O.D., Corwin				\$100.00
		Contributor address; City; State; Zip Code				
		Cleburne, TX 76003				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Brownlee O.D., Chris				\$400.00
		Contributor address; City; State; Zip Code				
		Galveston, TX 77550				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Bui O.D., Thoai				\$100.00
		Contributor address; City; State; Zip Code				
		Carrollton, TX 75007				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 8/60 Rpt: 11/90
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Optometric PAC	00015622
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/15/2024 Bullard O.D., Heath	\$100.00
6 Contributor address; City; State; Zip Code	
Cleburne, TX 76033	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)	IS)
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Butler O.D., W.R.	\$50.00
Contributor address; City; State; Zip Code	
Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Employer (See Instruction	15)
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Campbell O.D., Steven	\$100.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78212	
Principal occupation / Job title (See Instructions) Employer (See Instruction	IS)
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Campbell O.D., Steven	\$1,200.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78212	
Principal occupation / Job title (See Instructions) Employer (See Instruction Optometrist	IS)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Cantrell O.D., Lisa	\$20.20
Contributor address; City; State; Zip Code	
Austin TX 78737	
Austin, TX 78737 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Ic)
Principal occupation / Job title (See Instructions) Employer (See Instruction	IS)
	IS)

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	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/60 Rpt: 12/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Cargo O.D., Jon					\$200.00
		6 Contributor address; City; State;	Zip Code				
		Irving, TX 75063					
8		pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Optometrist						
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Castleberry O.D., Kim					\$400.00
		Contributor address; City; State;					
		Plana TV 75022					
	Dringing ogg	Plano, TX 75023		Employer (See Instructions			
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	9		
	-				-		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀርሳ ሰሳ
	01/15/2024	Catuncan O.D., Jennifer					\$50.00
		Contributor address; City; State;	Zip Code				
		Bedford, TX 76022					
	Principal occu	L pation / Job title (See Instructions)		Employer (See Instructions			
	Optometrist						
╞	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Celico O.D., Brian	-				\$50.00
		Contributor address; City; State;	Zip Code				
			·				
		Dallas, TX 75231					
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Cerda O.D., Juan					\$400.00
		Contributor address; City; State;	Zip Code				
		McAllen, TX 78501			Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						

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	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 10/60 Rpt: 13/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Chen O.D., Alexander				\$100.00
		6 Contributor address; City; State; Zip Code		1		
	ļ					
Ļ	Drinsipal apou	Houston, TX 77004	C Employer (Cool Instruction)	<u> </u>		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
╞				1		
	Date	—	(ID#:)		Amount of Contribution (\$)	* 200.00
	01/15/2024					\$200.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		Ft Worth, TX 76137				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
	Optometrist	,		-,		
⊨	Date	Full name of contributor out-of-state PAC	(ID#:)	Г	Amount of Contribution (\$)	
	01/15/2024	Chris O.D., Cheyne	(10#,			\$200.00
	0_,			ł		T- - - - - - - - - -
	ļ					
		Granbury, TX 76049				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	01/15/2024	Chris O.D., Cheyne				\$200.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		O				
┝	Drinsipal apou	Granbury, TX 76049	Employer (Cool Instruction)	<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				.		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	ቀርብ በብ
	01/15/2024	Cobb O.D., James				\$50.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	1	Amarillo, TX 79107				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
	Optometrist			-,		
┝						

	The Instruc	ction Guide explains how to con	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 11/60 Rpt: 14/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC				00015622	/
4	Date	5 Full name of contributor out-of	f-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Coble O.D., John					\$200.00
		6 Contributor address; City; State; Zip C	Code				
Ļ		Greenville, TX 75401	r				
8		pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor 🗌 out-of	f-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Colston O.D., Ben					\$50.00
		Contributor address; City; State; Zip C					
		Arlington, TX 76013	r				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor 🗌 out-of	f-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Colton O.D., Bruce					\$50.00
		Contributor address; City; State; Zip C	Code				
		Garland, TX 75040					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Conley O.D., Alex					\$50.00
		Contributor address; City; State; Zip C	Code				
	- · · ·	Fort Worth, TX 76131	r				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Conroy O.D., Scott					\$100.00
		Contributor address; City; State; Zip C	Code				
		Pasadena, TX 77505	r				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						

	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 12/60 Rpt: 15/90	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Opton	netric PAC		1 I	00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Consor O.D., Bob				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75252				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/15/2024	Contreras O.D., Eddy				\$100.00
				1		
		······································				
	ļ					
	ļ	San Antonio, TX 78212				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist	· ·				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	01/15/2024	Contreras O.D., Eddy	/		Allount of Contribution (+)	\$1,200.00
	0111012021	-		•		Ψ1,200.00
		Contributor address; City; State; Zip Code				
	ļ					
		San Antonio, TX 78212				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L S)		
	Optometrist	,		-,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	01/15/2024)			\$100.00
	01/10/2024	Cooke O.D., Kyle				Φ100.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		Mansfield, TX 76063				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>م</u>		
	Optometrist			5)		
╘			<u> </u>	.		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+
	01/15/2024	Cornett O.D., John]		\$200.00
		Contributor address; City; State; Zip Code				
	ļ					
		Amarillo, TX 79109				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/60 Rpt: 16/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
	Date 01/15/2024	5 Full name of contributor out-of-state PAC (ID#: Correale O.D., Suzanne)	7	Amount of Contribution (\$)	\$50.00
		6 Contributor address; City; State; Zip Code		•		
		Alvin, TX 77511				
	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Cowan O.D., Steve				\$100.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79109				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist					
_	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	01/15/2024	Cox O.D., Adam				\$50.00
		Contributor address; City; State; Zip Code		1		
		Atlanta, TX 75551				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Crothers O.D., Frank				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78750				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Culbertson O.D., Wayne				\$50.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75225				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/60 Rpt: 17/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Curtis O.D., Barry				\$200.00
		6 Contributor address; City; State; Zip Code				
		Frisco, TX 75034				
8		pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Dabney O.D., Brandon				\$100.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79102				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Dang O.D., Thuyhong				\$50.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77007				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Dao O.D., Mavis				\$20.00
		Contributor address; City; State; Zip Code				
		-				
		Pearland, TX 77584				
		pation / Job title (See Instructions)	Employer (See Instructions))		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	David O.D., Ashley				\$200.00
		Contributor address; City; State; Zip Code				
		San Angelo, TX 76904				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Optometrist					

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/60 Rpt: 18/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Davis O.D., Mark				\$100.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78259				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Dawn O.D., Rakich				\$50.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78215				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Day, Jr O.D., Bob				\$200.00
		Contributor address; City; State; Zip Code				
		Garland, TX 75041				
	•	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	DeLoach O.D., Joe				\$100.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75219				
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	DeMaggio O.D., Julie				\$20.20
		Contributor address; City; State; Zip Code				
		Mansfield, TX 76063				
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Optometrist					
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	The Instru	ction Guide explains how to	o complete this fe	orm.	1	Total pages Schedule A1: Sch: 16/60 Rpt: 19/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton					00015622	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	DeShaw O.D., Johathan					\$50.00
	,	6 Contributor address; City; State	e; Zip Code		1		
	,	1					
	I	Garland, TX 75042					
Q	Principal OCCI	Ipation / Job title (See Instructions)	,	9 Employer (See Instructions	<u> </u>		
°	Optometrist				9 		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Deakins O.D., Jennifer					\$200.00
	,	Contributor address; City; State	e; Zip Code		1		
	,	1					
	,	1					
		Fort Worth, TX 76135					
	-	pation / Job title (See Instructions)		Employer (See Instructions	;)		
L	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Delay O.D., Richard					\$200.00
	,	Contributor address; City; State	e; Zip Code		1		
	,	1					
	,						
	!	Boerne, TX 78015					
		pation / Job title (See Instructions)	ļ	Employer (See Instructions	;)		
	Optometrist				_		
Ē	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Delk O.D., Kyle					\$25.00
	,	Contributor address; City; State	ः; Zip Code		1		
	,	1					
	,	Det Nachas, TV 77651					
\vdash		Port Neches, TX 77651			ŕ		
	Principal occu Optometrist	pation / Job title (See Instructions)	ļ	Employer (See Instructions	5)		
L	-	· · · · ·		<u> </u>	—		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Dennis O.D., Keith					\$100.00
	ł	Contributor address; City; State	;; Zip Code				
	ł	1					
	ł	Dound Dook TV 79664					
	<u> </u>	Round Rock, TX 78664			ŕ		
		pation / Job title (See Instructions)	ļ	Employer (See Instructions	5)		
L	Optometrist		J	<u> </u>			
4							

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 17/60 Rpt: 20/90
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Optometric PAC	00015622
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/15/2024 Diaz O.D., Yvonne	\$100.00
6 Contributor address; City; State; Zip Code	
Edinburg, TX 78541	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)	ns)
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Dinh O.D., David	\$100.00
Contributor address; City; State; Zip Code	
Dallas, TX 75206	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Dunnigan O.D., Shawn	\$200.00
Contributor address; City; State; Zip Code	
Lumberton, TX 77657	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Duong O.D., Nghiem	\$75.00
Contributor address; City; State; Zip Code	
Disbardoon TV 75090	
Richardson, TX 75080 Principal occupation / Job title (See Instructions) Employer (See Instructions)	~~~
Optometrist	ns)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Ellis O.D., John	\$100.00
Contributor address; City; State; Zip Code	
El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Optometrist	15)

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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 18/60 Rpt: 21/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Ermis O.D., Keith				\$50.00
	1	6 Contributor address; City; State; Zip Code		1		
	ļ	1				
	ļ	1				
		Wharton, TX 77488				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Eylar O.D., Crystal				\$100.00
	ļ	Contributor address; City; State; Zip Code		1		
		Allen, TX 75002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u></u>)	Γ	Amount of Contribution (\$)	
	01/15/2024	Fandry O.D., Ellen			•••••••••••••••••••••••••••••••••••••••	\$50.00
		Contributor address; City; State; Zip Code		ł		
	ļ	1				
		seabrook, TX 77586				
\vdash	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist					
⊢	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Feeser O.D., Michael	/		, and an element of the second s	\$20.20
	U _,	Contributor address; City; State; Zip Code		ł		* ·
		Contributor address, City, State, Zip Code				
	ļ	Huntingtown, MD 20639				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L		
	Optometrist			.,		
⊢	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	01/15/2024	Full name of contributor out-of-state PAC (ID#: Fleitman O.D., Cynthia)			\$100.00
	01/13/2024	· · · · · · · · · · · · · · · · · · ·		ł		Φ100.00
	ļ	Contributor address; City; State; Zip Code				
	ļ	1				
		Gainesville, TX 76240				
\vdash	Drincinal occu		Employer (See Instructions	<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 19/60 Rpt: 22/90
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Optometric PAC	00015622
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/15/2024 Flores O.D., Amador	\$100.00
6 Contributor address; City; State; Zip Code	
Laredo, TX 78041	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)	ons)
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Fortenberry O.D., Sandra	\$50.00
Contributor address; City; State; Zip Code	
Helotes, TX 78023	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Gamini O.D., Safi	\$20.20
Contributor address; City; State; Zip Code	
Plano, TX 75093	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Garcia Holle O.D., Laura	\$100.00
Contributor address; City; State; Zip Code	
Con Aprola TV 76004	
San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Employer (See Instruction)	ons)
Date Full name of contributor out-of-state PAC (ID#:) 01/1E/2024 Careia O.D., Claudia	Amount of Contribution (\$)
01/15/2024 Garcia O.D., Claudia	\$100.00
Contributor address; City; State; Zip Code	
Houston, TX 77081	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Optometrist	(SIIC)

	The Instruc	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 20/60 Rpt: 23/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4		5 Full name of contributor out-of-state PAC)	7	Amount of Contribution (\$)	
	01/15/2024	Garza O.D., Janet	·			\$50.00
		6 Contributor address; City; State; Zip Code				
	ļ					
	ļ					
	ļ	Houston, TX 77064				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction:	is)		
	Optometrist					
F	Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Τ	Amount of Contribution (\$)	
	01/15/2024	Gayle O.D., Karanges				\$100.00
	ł	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Arlington, TX 76005				
		pation / Job title (See Instructions)	Employer (See Instruction	is)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC		Τ	Amount of Contribution (\$)	
	01/15/2024	Gee O.D., Kevin				\$400.00
	1	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Missouri City, TX 77459				
	-	pation / Job title (See Instructions)	Employer (See Instruction	IS)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Τ	Amount of Contribution (\$)	
	01/15/2024	Gibson O.D., David				\$30.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
	<u> </u>	Lubbock, TX 79423		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instruction	IS)		
	Optometrist			_		
	Date	Full name of contributor out-of-state PAC) (ID#:)		Amount of Contribution (\$)	± : = 0 0 0
	01/15/2024	Gonzalez O.D., Jaime				\$100.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Diana TV 75002				
\vdash	Deir einel oppu	Plano, TX 75093		-)		
		pation / Job title (See Instructions)	Employer (See Instruction	is)		
	Optometrist					

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 21/60 Rpt: 24/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	-
4	Date 01/15/2024	5 Full name of contributor Out-of-state PAC (ID Gray O.D., David)#:)	7	Amount of Contribution (\$)	\$50.00
	I	6 Contributor address; City; State; Zip Code		•		
		Midland, TX 79705				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	01/15/2024	Gray O.D., Jeannie				\$50.00
	I	Contributor address; City; State; Zip Code		1		
		Midland, TX 79705				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID)#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Greeman III O.D., Nelson				\$100.00
		Contributor address; City; State; Zip Code San Antonio, TX 78212				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Ι	Amount of Contribution (\$)	
	01/15/2024	Greeman O.D., Kevin				\$50.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78212				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor 🛛 out-of-state PAC (ID)#:)	Ī	Amount of Contribution (\$)	
	01/15/2024	Green O.D., Leigh				\$100.00
		Contributor address; City; State; Zip Code Woodway, TX 76712				
<u> </u>	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			5)		

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/60 Rpt: 25/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Greene O.D., Matthew				\$200.00
		6 Contributor address; City; State; Zip Code		1		
		College Station, TX 77845				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Ī	Amount of Contribution (\$)	
	01/15/2024	Greenstein O.D., Karena				\$50.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75216				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Hall O.D., Jamie				\$20.20
		Contributor address; City; State; Zip Code		1		
		Wills Point, TX 75169				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Hammond O.D., Eric				\$100.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78750				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Hanson O.D., Mark				\$100.00
		Contributor address; City; State; Zip Code		1		
		Arlington, TX 76012				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

	The Instru	ction Guide explains how to e	complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/60 Rpt: 26/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Harper O.D., Ellener					\$20.20
		6 Contributor address; City; State; 2	Zip Code				
		fort Worth, TX 76131					
8		pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Hart O.D., Peggy					\$50.00
		Contributor address; City; State; 2	Zip Code				
		Houston, TX 77079					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Harvey O.D., Cameo					\$20.20
		Contributor address; City; State; 2					
		-					
		Abilene, TX 79605					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	;)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Hawari O.D., Andy					\$100.00
		Contributor address; City; State; 2	Zip Code				
		Mineola, TX 75773					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Hawkins O.D., Heidi					\$100.00
		Contributor address; City; State; 2	Zip Code				
		Amarillo, TX 79109					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
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	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 24/60 Rpt: 27/90
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Opton	netric PAC		00015622
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	01/15/2024	Heeg O.D., Paul		\$100.00
		6 Contributor address; City; State; Zip Code		
	ļ			
		Coppell, TX 75019		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	01/15/2024	Hejny O.D., Whitney		\$50.00
		Contributor address; City; State; Zip Code		
	ļ			
		Miles, TX 76861		
		pation / Job title (See Instructions)	Employer (See Instructions	;)
	Accountant			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	01/15/2024	Hoan O.D., Le		\$50.00
	ļ	Contributor address; City; State; Zip Code		
	ļ			
	ļ			
		Spring, TX 76135		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/15/2024	Hoang O.D., Bao		\$50.00
	ļ	Contributor address; City; State; Zip Code		
	ļ			
	ļ	Koty TV 77404		
	Dringing occu	Katy, TX 77494 pation / Job title (See Instructions)	Employer (See Instructions	N
	Optometrist	pallon / Job lille (See instructions)	Employer (See Instructions	5)
	-		<u> </u>	· · · · · · ·
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/15/2024	Hoang O.D., Kathy		\$50.00
	ļ	Contributor address; City; State; Zip Code		
	ļ			
		Katy, TX 77494		
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	A
	Optometrist)
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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 25/60 Rpt: 28/90
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Opton	netric PAC		00015622
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
	01/15/2024	Hopping O.D., Desiree		\$50.00
	ļ	6 Contributor address; City; State; Zip Code		
		· · · · · · · · · · · · · · · · · · ·		
	ļ			
		Friendswood, TX 77546		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Optometrist			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	01/15/2024	Hopping O.D., Ron		\$50.00
	Contributor address; City; State; Zip Code			
		Friendswood, TX 77546		
		pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/15/2024	Hutchins O.D., Jaclyn		\$50.00
		Contributor address; City; State; Zip Code		
	ļ			
		San Antonio, TX 78257	_	
		pation / Job title (See Instructions)	Employer (See Instructions	S)
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	01/15/2024	Huynh O.D., Hieu		\$50.00
	ļ	Contributor address; City; State; Zip Code		
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<u> </u>	Dringingl occu	Dallas, TX 75240	Employer (Soo Instructions	A
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)
╞	-			
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	01/15/2024	Jessica O.D., Murrell		\$20.20
		Contributor address; City; State; Zip Code		
	ļ	Spring, TX 77002		
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
	Optometrist			>/
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	The Instruc	ction Guide explains how t	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/60 Rpt: 29/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC				00015622	
4		5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Jessica O.D., Trichel	_				\$20.20
		6 Contributor address; City; State	te: Zip Code				
	ļ		0, <u>Lip</u> 0011				
	ļ						
	ļ	Texarkana, TX 75503					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Optometrist						
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Johle O.D., Sarah	_				\$50.00
	ļ	Contributor address; City; State	te; Zip Code				
		Hutto, TX 78634					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	John O.D., Tybor	-				\$20.20
	ł	Contributor address; City; State	te; Zip Code				
	ļ						
	ļ						
		Austin, TX 78746					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Johnson O.D., Murray					\$400.00
	ļ	Contributor address; City; State	ie; Zip Code				
	ļ						
	ļ						
		Dallas, TX 75287			Ĺ		
	-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Jones O.D., Jeffrey					\$100.00
		Contributor address; City; State	.e; Zip Code				
	ļ						
	ļ						
		Longview, TX 75605		— · · · · · · · · · · · · · · · · · · ·	Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						

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	The Instru	ction Guide explains how to com	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 27/60 Rpt: 30/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC				00015622	
4	Date	5 Full name of contributor out-of-	-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Jordan O.D., Emily					\$50.00
			Code				
		Austin, TX 78746					
8		pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor 🛛 out-of-	-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Kemp O.D., Robert					\$100.00
		Contributor address; City; State; Zip Co					
		Houston, TX 77015-2310					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date		-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Kevin O.D., Munson					\$100.00
		Contributor address; City; State; Zip C					
		1					
		Maliaca TX 75070					
_	Dringing occu	Melissa, TX 75070 pation / Job title (See Instructions)	i	Employer (See Instructions	<u> </u>		
	Optometrist)		
╞						Amount of Contribution (ft)	
	Date		-state PAC (ID#:)		Amount of Contribution (\$)	¢200 00
	01/15/2024	Kimball O.D., Leigh	- I				\$200.00
		Contributor address; City; State; Zip Co	ode				
		1					
		Beaumont, TX 77706					
-	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist	,		— F 7 - X -	,		
╞	Date	Full name of contributor	-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Knight O.D., Millicent					\$100.00
	02,22.2	Contributor address; City; State; Zip C	,uqe				
			Juc				
		Plano, TX 75093					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
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6 Contributor address; City; State; Zip Code Austin, TX 78717 9 8 Principal occupation / Job title (See Instructions) Optometrist 9 Date Full name of contributor 01/15/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (\$) Contributor address; City; State; Zip Code \$20.2 Contributor address; City; State; Zip Code \$20.2 Contributor address; City; State; Zip Code \$20.2 Carrollton, TX 75007 Employer (See Instructions) Optometrist Carrollton, TX 75007 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist State; Zip Code Date Full name of contributor out-of-state PAC (ID#:								
Texas Optometric PAC 00015622 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$50.0 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) \$20.2 01/15/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$20.2 01/15/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$20.2 01/15/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$20.2 01/15/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$20.0 01/15/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$20.0 01/15/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$20.0 01/15/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)		The Instru	ction Guide explains how to complete	this fo	orm.	1		
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01/15/2024 Kodukula O.D., Dipa \$50.0 6 Contributor address; City; State; Zip Code \$50.0 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Optimetrist 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$20.2 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$20.2 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$20.0 Optometrist Contributor address; City; State; Zip Code Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Data: Contributor address; City; State; Zip Code S20.0 \$20.0 Data: Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$20.0 Optometrist Dallas, TX 75252 Employer (See Instructions)<		Texas Optor	netric PAC					
01/15/2024 Kodukula O.D., Dipa \$50.0 6 Contributor address; City; State; Zip Code \$50.0 8 Principal occupation / Job title (See Instructions) Optometrist 9 Employer (See Instructions) Optometrist \$20.2 Date 01/15/2024 Full name of contributor out-of-state PAC (ID#:) Kuder O.D., Bryan Amount of Contribution (\$) \$20.2 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$20.2 Principal occupation / Job title (See Instructions) Optometrist Employer (See Instructions) \$20.2 Date 01/15/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$20.0 Date 01/15/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$20.0 Date 01/15/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$20.0 Principal occupation / Job title (See Instructions) Optometrist Employer (See Instructions) \$20.0 Date Full name of contributor	4			AC (ID#:)	7	Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code Austin, TX 78717 9 8 Principal occupation / Job title (See Instructions) 9 Date Full name of contributor out-of-state PAC (ID#:		01/15/2024		• •				\$50.00
Austin, TX 78717 Austin, TX 78717 8 Principal occupation / Job title (See Instructions) Optometrist 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Muder O.D., Bryan Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Carroliton, TX 75007 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Support (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$20.2 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$20.0 O1/15/2024 Kurtin O.D., Steven Date Full name of contributor Date Dallas, TX 75252 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Date Date Full name of contributor		ļ	·					
8 Principal occupation / Job title (See Instructions) Optometrist 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/15/2024 Kuder O.D., Bryan \$20.2 Contributor address; City; State; Zip Code \$20.2 Carrollton, TX 75007 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Ol/15/2024 Kurtin O.D., Steven \$20.0 Contributor address; City; State; Zip Code \$20.0 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$200.0 Date Full name of contributor out-of-state PAC (ID#:) Data Full name of contributor out-of-state PAC (ID#:) Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Date<		ļ						
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Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/15/2024 Kuder O.D., Bryan \$20.2 Contributor address; City; State; Zip Code \$20.2 Carrollton, TX 75007 Employer (See Instructions) Optometrist Full name of contributor Date Full name of contributor 01/15/2024 Full name of contributor Other out-of-state PAC (ID#:) Amount of Contribution (\$) \$20.0 Optometrist Full name of contributor Date Full name of contributor Ol/15/2024 Full contributor Date Dallas, TX 75252 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Dallas, TX 75252 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:	8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
01/15/2024 Kuder O.D., Bryan \$20.2 Contributor address; City; State; Zip Code		Optometrist						
Contributor address; City; State; Zip Code Carrollton, TX 75007 Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor 01/15/2024 Kurtin O.D., Steven Contributor address; City; State; Zip Code Dallas, TX 75252 Principal occupation / Job title (See Instructions) Dallas, TX 75252 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Dallas, TX 75252 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Dallas, TX 75252 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Date Full name of contributor Out-of-state PAC (ID#:	F	Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Carrollton, TX 75007 Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor O1/15/2024 Kurtin O.D., Steven Contributor address; City; State; Zip Code Dallas, TX 75252 Principal occupation / Job title (See Instructions) Dallas, TX 75252 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code Dallas, TX 75252 Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Employer (See Instructions) Optometrist Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Kurtin O.D., Steven \$50.0		01/15/2024	Kuder O.D., Bryan					\$20.20
Carrollton, TX 75007 Principal occupation / Job title (See Instructions) Optometrist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Kurtin O.D., Steven Amount of Contribution (\$) 01/15/2024 Kurtin O.D., Steven \$200.0 Contributor address; City; State; Zip Code \$200.0 Dallas, TX 75252 Employer (See Instructions) Principal occupation / Job title (See Instructions) Optometrist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Kurtin O.D., Steven Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Kurtin O.D., Steven Amount of Contribution (\$)		Contributor address; City; State; Zip Code						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Full name of contributor								
Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$200.0 O1/15/2024 Kurtin O.D., Steven \$200.0 Contributor address; City; State; Zip Code See Instructions) Dallas, TX 75252 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Mount of Contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Employer (See Instructions) Optometrist Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) O1/15/2024 Kurtin O.D., Steven \$50.0								
Optometrist Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/15/2024 Kurtin O.D., Steven \$200.0 Contributor address; City; State; Zip Code \$200.0 Dallas, TX 75252 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/15/2024 Kurtin O.D., Steven s50.0								
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/15/2024 Kurtin O.D., Steven \$200.0 Contributor address; City; State; Zip Code \$200.0 Dallas, TX 75252 Dallas, TX 75252 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) O1/15/2024 Kurtin O.D., Steven \$50.0			pation / Job title (See Instructions)		Employer (See Instructions)		
01/15/2024 Kurtin O.D., Steven \$200.0 Contributor address; City; State; Zip Code Dallas, TX 75252 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Imployer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$50.0		Optometrist						
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Dallas, TX 75252 Principal occupation / Job title (See Instructions) Optometrist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$50.0		01/15/2024	Kurtin O.D., Steven					\$200.00
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/15/2024 Kurtin O.D., Steven \$50.0								
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01/15/2024 Kurtin O.D., Steven \$50.0		Optometrist						
				AC (ID#:)		Amount of Contribution (\$)	_
		01/15/2024	Kurtin O.D., Steven					\$50.00
Contributor address; City; State; Zip Code		ļ						
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Dallas, TX 75252)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		-						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist				4C (ID#:)		Amount of Contribution (\$)	±100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:)		01/15/2024						\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/15/2024 Kuykendall O.D., Traci \$100.0			Contributor address; City; State; Zip Code					
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/15/2024 Kuykendall O.D., Traci \$100.0			Clehurne TX 76033					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/15/2024 Kuykendall O.D., Traci \$100.0 Contributor address; City; State; Zip Code State; Zip Code	<u> </u>	Drincinal occu		<u> </u>	Employer (See Instructions	<u></u>		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Amount of Contribution (\$) 01/15/2024 Kuykendall O.D., Traci Contributor address; City; State; Zip Code \$100.0 Cleburne, TX 76033 Cleburne, TX 76033)		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/15/2024 Kuykendall O.D., Traci \$100.0 Contributor address; City; State; Zip Code Cleburne, TX 76033 Principal occupation / Job title (See Instructions) Employer (See Instructions)	┝							
Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Amount of Contribution (\$) 01/15/2024 Kuykendall O.D., Traci Contributor address; City; State; Zip Code \$100.0 Cleburne, TX 76033 Cleburne, TX 76033								
		Optometrist Date 01/15/2024	Full name of contributor out-of-state PAG Kurtin O.D., Steven Contributor address; City; State; Zip Code Dallas, TX 75252	4C (ID#:)		Amount of Contribution (\$)	\$50
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Dallas, TX 75252		Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		Optometrist						
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist		01/15/2024		· _				\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:)								
Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/15/2024 Kuykendall O.D., Traci \$100.0		1						
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/15/2024 Kuykendall O.D., Traci \$100.0		1	Cleburne, TX 76033					
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Amount of Contribution (\$) 01/15/2024 Kuykendall O.D., Traci Contributor address; City; State; Zip Code \$100.0 Cleburne, TX 76033 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	⊢							
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 29/60 Rpt: 32/90
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Optometric PAC	00015622
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/15/2024 Lagunas O.D., Claudio	\$400.00
6 Contributor address; City; State; Zip Code	
The Woodlands, TX 77382	
8Principal occupation / Job title (See Instructions)9Employer (See Instructions)	
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Lam O.D., Sean	\$20.20
Contributor address; City; State; Zip Code	
Houston, TX 77075	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Lambert O.D., Sawyer	\$100.00
Contributor address; City; State; Zip Code	
Houston, TX 77008	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Larry O.D., Gunnell	\$100.00
Contributor address; City; State; Zip Code	
Wishita Falla TV 76209	
Wichita Falls, TX 76308 Principal occupation / Job title (See Instructions) Employer (See Instructions)	<u></u>
Optometrist)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Le O.D., Anne	\$100.00
Contributor address; City; State; Zip Code	
Houston, TX 77072	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	A
Optometrist)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 30/60 Rpt: 33/90 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **Texas Optometric PAC** 00015622 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/15/2024 Le O.D., Lisa \$50.00 6 Contributor address; City; State; Zip Code Missouri City, TX 77459 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Optometrist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/15/2024 \$100.00 Lemanski O.D., Sundra Contributor address; City; State; Zip Code Austin, TX 78727 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/15/2024 Linh O.D., Linh \$50.00 Contributor address; City; State; Zip Code Leander, TX 78641 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/15/2024 \$100.00 Lou O.D., Oliver Contributor address; City; State; Zip Code Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/15/2024 \$50.00 Ly O.D., Alexandra Contributor address; City; State; Zip Code Houston, TX 77082 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist

	The Instru	ction Guide explains how to com	plete this fo	orm.	1	Total pages Schedule A1: Sch: 31/60 Rpt: 34/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC				00015622	
4	Date	5 Full name of contributor out-of-	-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Mace O.D., Valerie					\$50.00
			Code				
	ļ						
		Athens, TX 75751					
8		pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor 🗌 out-of-	-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Mai O.D., Kelly					\$50.00
	1	Contributor address; City; State; Zip Co					
	ļ						
		Cypress, TX 77433					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor out-of-	-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Maldonado O.D., Nicole					\$50.00
	1	Contributor address; City; State; Zip Co	ode				
	ļ						
	ļ						
		San Antonio, TX 78249					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date		-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Maldonado O.D., Michael					\$50.00
	ļ	Contributor address; City; State; Zip Co	ode				
	ļ						
	ļ	CL Doco TX 70002					
_	Dringing occu	El Paso, TX 79902 pation / Job title (See Instructions)	i	Employer (See Instructions)	<u>`</u>		
	Optometrist			Employer (See Instructions)		
╞			<u> </u>		-		
	Date	_	-state PAC (ID#:)		Amount of Contribution (\$)	¢100.00
	01/15/2024	Martin O.D., Joe	-				\$100.00
	ļ	Contributor address; City; State; Zip Co	ode				
	ļ						
		Cleburne, TX 76033					
┝	Drincinal occu			Employor (See Instructions	\		
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions)		
┡	Optometrist						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/60 Rpt: 35/90	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Martinez O.D., Michelle				\$100.00
	I	6 Contributor address; City; State; Zip Code		1		
	l					
0	Dringing occu	Fort Worth, TX 76244 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
ö	Optometrist	pation / Job little (See instructions)	9 Employer (See Instructions	5)		
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	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 20.20
	01/15/2024	Masters O.D., Trishna				\$20.20
	Contributor address; City; State; Zip Code					
	I					
	l	Arlington, TX 76006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Optometrist	,	F 72 X	-,		
	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Г	Amount of Contribution (\$)	
	01/15/2024	McCarty O.D., Dennis	/		Allount of Contribution (4)	\$50.00
	01,10,202.	Contributor address; City; State; Zip Code		•		400.00
	I	Culturbulur auuress, City, State, Zip Coue				
	I					
	I	Cedar Park, TX 78613				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	McClain O.D., Christos				\$20.20
	l	Contributor address; City; State; Zip Code		1		
	I					
	I					
		College Station, TX 77845				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	McCollough O.D., John				\$50.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Victoria, TX 77904				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

	The Instru	ction Guide explains how	<i>i</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/60 Rpt: 36/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton					00015622	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/15/2024	McCormick O.D., Michael	l				\$50.00
	I	6 Contributor address; City; St			1		
	I						
		Austin, TX 78759					
8		upation / Job title (See Instructions	<i>(</i> ;	9 Employer (See Instructions	3)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	McCown O.D., Joshua	—				\$100.00
	I	Contributor address; City; St	tate; Zip Code		1		
		Gatesville, TX 76528					
	Principal occu	upation / Job title (See Instructions	\$)	Employer (See Instructions	;)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	McGowan O.D., Joseph	—				\$50.00
	I	Contributor address; City; St	tate; Zip Code		1		
	I						
	I						
		AUSTIN, TX 78748-1051					
		upation / Job title (See Instructions	<i>;</i>)	Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/15/2024	McPherson O.D., Kimberl	•				\$50.00
	I	Contributor address; City; St	tate; Zip Code		1		
	I						
	I						
L		North Richland Hills, TX 7					
		upation / Job title (See Instructions	<i>i</i>)	Employer (See Instructions	3)		
L	Optometrist						
Γ	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/15/2024	Means O.D., Stephen					\$400.00
		Contributor address; City; St	tate; Zip Code		1		
	I						
	I						
L		Huntsville, TX 77340					
		upation / Job title (See Instructions	<i>;</i>)	Employer (See Instructions	5)		
	Optometrist						

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/60 Rpt: 37/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/15/2024	Mohan O.D., Poole				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Marble Falls, TX 78654				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/15/2024	Montgomery O.D., Brandi				\$50.00
		Contributor address; City; State; Zip Code		1		
		Missouri City, TX 77459				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:_	·		Amount of Contribution (\$)	
	01/15/2024	Moon O.D., Debra				\$100.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75024				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/15/2024	Mora O.D., David				\$50.00
		Contributor address; City; State; Zip Code				
		Laredo, TX 78043				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/15/2024	Morozco O.D., Michael				\$50.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
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The Instruction Guide explains how to complete this form. 3 2 FILER NAME Texas Optometric PAC 3	Total pages Schedule A1: Sch: 35/60 Rpt: 38/90 Filer ID (Ethics Commission Filers) 00015622 Amount of Contribution (\$) \$20.2
Texas Optometric PAC 4 Date 5 Full name of contributor 01/15/2024 Mozdbar O.D., Sima 6 Contributor address; City; State; Zip Code Austin, TX 78750 9 8 Principal occupation / Job title (See Instructions) Optometrist 9 Employer (See Instructions) 9	00015622 Amount of Contribution (\$) \$20.2
Texas Optometric PAC 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 01/15/2024 Mozdbar O.D., Sima 6 Contributor address; City; State; Zip Code 7 6 Contributor address; City; State; Zip Code 4 Austin, TX 78750 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 0ptometrist 9 Employer (See Instructions)	00015622 Amount of Contribution (\$) \$20.2
01/15/2024 Mozdbar O.D., Sima 6 Contributor address; City; State; Zip Code Austin, TX 78750 Austin, TX 78750 8 Principal occupation / Job title (See Instructions) Optometrist 9 Employer (See Instructions)	\$20.2
01/15/2024 Mozdbar O.D., Sima 6 Contributor address; City; State; Zip Code Austin, TX 78750 Austin, TX 78750 8 Principal occupation / Job title (See Instructions) Optometrist 9 Employer (See Instructions)	\$20.2
6 Contributor address; City; State; Zip Code Austin, TX 78750 8 Principal occupation / Job title (See Instructions) Optometrist 9 Employer (See Instructions)	
Austin, TX 78750 8 Principal occupation / Job title (See Instructions) Optometrist 9 Employer (See Instructions)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Optometrist 9	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Optometrist 9	
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	
	Amount of Contribution (\$)
01/15/2024 Navarro O.D., Luis	\$200.0
Contributor address; City; State; Zip Code	
Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Newton O.D., Ronald	\$100.0
Contributor address; City; State; Zip Code	
Laredo, TX 78040	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Nguyen O.D., Hai	\$50.0
Contributor address; City; State; Zip Code	
Portland, TX 78374	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
	ຈວບ.ບ
Contributor address; City; State; Zıp Code	
Addison, TX 75001	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Optometrist	
Optometrist Date Full name of contributor out-of-state PAC (ID#:) 01/15/2024 Nguyen O.D., Jenifer Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$50.0

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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 36/60 Rpt: 39/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	01/15/2024	Nguyen O.D., Long				\$20.20
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77059	-			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	01/15/2024	Nguyen O.D., Quan]		\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77072				
_	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			5)		
╞	Date	Full name of contributor out-of-state PAC (ID)		Т	Amount of Contribution (\$)	
	01/15/2024	Full name of contributor Out-of-state PAC (ID# Nguyen O.D., Steve	#:)		Amount of Contribution (\$)	\$200.00
	01/10/2024	Contributor address; City; State; Zip Code		ł		Ψ200.00
		Continuator address, City, State, Zip Code				
		Dallas, TX 75224				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Nguyen O.D., Thai-An				\$100.00
		Contributor address; City; State; Zip Code		1		
_	Dringinal occu	Dallas, TX 75206 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist		Employer (See Instructions	5)		
╞	-			Т	Account of Contribution (\$)	
	Date 01/15/2024	Full name of contributor 🛛 out-of-state PAC (ID# Nguyen O.D., Tu	#:)		Amount of Contribution (\$)	\$50.00
	01/10/2027	Contributor address; City; State; Zip Code		•		ψυ0.00
		Contributor address, City, State, Zip Code				
		Cypress, TX 77429				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 37/60 Rpt: 40/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC	,		00015622	-
4	Date	5 Full name of contributor out-of-state PAC (ID#	<i>‡</i> :)	7	Amount of Contribution (\$)	
	01/15/2024	Nguyen O.D., Vicki				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		1	1			
		Grand Prairie, TX 75054	!			
8		ipation / Job title (See Instructions)	9 Employer (See Instructions)	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Nichols O.D., Brian	!			\$200.00
		Contributor address; City; State; Zip Code				
		1	1			
		Mt Pleasant, TX 75455	!			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	<u>.</u> s)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#		Γ	Amount of Contribution (\$)	
	01/15/2024	Norcini O.D., Don				\$25.00
		Contributor address; City; State; Zip Code		1		
		1	1			
		1	1			
		Houston, TX 77040				
		upation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Ī	Amount of Contribution (\$)	
	01/15/2024	Ousley O.D., Bruce	1			\$100.00
		Contributor address; City; State; Zip Code		1		
		1	1			
		1	1			
L		Highland Village, TX 75077	!			
		pation / Job title (See Instructions)	Employer (See Instructions)	s)		
L	Optometrist					
Γ	Date	Full name of contributor Out-of-state PAC (ID#	¢:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Park O.D., Jon				\$100.00
		Contributor address; City; State; Zip Code	1	1		
		1				
		1	1			
L		Irving, TX 75063	!			
		ipation / Job title (See Instructions)	Employer (See Instructions)	s)		
L	Optometrist					

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 38/60 Rpt: 41/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Pass O.D., Hulon				\$100.00
		6 Contributor address; City; State; Zip Code				
		Fort Stockton, TX 79735				
8	Principal occu		9 Employer (See Instructions	L;)		
	Optometrist			,		
⊢	Date	Full name of contributor Out-of-state PAC (ID#:	\ \	<u> </u>	Amount of Contribution (¢)	
	01/15/2024	Full name of contributor out-of-state PAC (ID#: Pass O.D., Joshua)		Amount of Contribution (\$)	\$100.00
	01/13/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Fort Stockton, TX 79735				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			"		
╞	-			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±100.00
	01/15/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Frisco, TX 75035				
_	Dringing ago		Employer (Coo Instructions			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Patel O.D., Neha				\$50.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76137				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Patel O.D., Priyal				\$100.00
		Contributor address; City; State; Zip Code				
1		Austin, TX 78704				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
I	Optometrist					
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	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 39/60 Rpt: 42/90	
2	FILER NAME			2	Filer ID (Ethics Commission	n Filers)
Ĺ	Texas Optor	netric PAC			00015622	T File(S)
4	Date 01/15/2024	5 Full name of contributor out-of-state PAC (Patel O.D., Nimisha	(ID#:)	7	Amount of Contribution (\$)	\$20.20
		6 Contributor address; City; State; Zip Code		·		
		Houston, TX 77027				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC ((ID#:)	Τ	Amount of Contribution (\$)	
	01/15/2024	Patel O.D., Samir				\$200.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75023				
	Dringing age		Employer (Cap Instructions			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	01/15/2024	Patrick O.D., Carey				\$200.00
		Contributor address; City; State; Zip Code Allen, TX 75002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	01/15/2024	Paul O.D., Graham Hayter				\$200.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75063				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	01/15/2024	Peterson O.D., Christopher				\$50.00
		Contributor address; City; State; Zip Code				
		Carrolton, TX 75006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					

SCHEDULE	A1
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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/60 Rpt: 43/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	Texas Optometric PAC				00015622	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Phillips O.D., Jeff		/	ľ		\$100.00
	01,10,101		ate: Zin Code		•		+200.00
		Texarkana, TX 75503					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> د)		
ľ	Optometrist)		,		
╞	-		_		_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	+=0.00
	01/15/2024	Pierce O.D., Jordan					\$50.00
		Contributor address; City; St	ate; Zip Code				
		Fort Worth, TX 76177		-			
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/15/2024	Pillai O.D., Anith					\$100.00
		Contributor address; City; St					
		Sugarland, TX 77479					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist						
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	01/15/2024	Pollard O.D., Paige					\$100.00
		Contributor address; City; St	ate: Zin Code		ł		,
			ale, Zip Code				
		Midlothian, TX 76065					
⊢	Principal occu	L pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Optometrist)		-)		
					<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	¢100.00
	01/15/2024	Poole O.D., Brianne					\$100.00
		Contributor address; City; St	ate; Zip Code				
		Spicewood, TX 78669	-				
I		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist						
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	The Instruc	ction Guide explains how to complet	te this f	orm.	1	Total pages Schedule A1: Sch: 41/60 Rpt: 44/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC				00015622	
4	Date	5 Full name of contributor out-of-state I	PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/15/2024	Prapta O.D., Shawn					\$50.00
		6 Contributor address; City; State; Zip Code					
		Mansfield, TX 76063					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	01/15/2024	Prati O.D., Martin					\$100.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77058					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor 🛛 out-of-state I	PAC (ID#:_)		Amount of Contribution (\$)	
	01/15/2024	Preston O.D., Kerry					\$100.00
		Contributor address; City; State; Zip Code					
		Abilene, TX 79606					
	-	pation / Job title (See Instructions)	_	Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	01/15/2024	Proske O.D., Paul					\$50.00
		Contributor address; City; State; Zip Code					
		Spring, TX 77379					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor 🛛 out-of-state I	PAC (ID#:_)		Amount of Contribution (\$)	
	01/15/2024	Proske O.D., Paul					\$50.00
		Contributor address; City; State; Zip Code					
		Spring, TX 77379					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 42/60 Rpt: 45/90	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Texas Opton	netric PAC			00015622	
4		5 Full name of contributor Out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	01/15/2024	Pulpan O.D., Stephanie				\$50.00
	ļ	6 Contributor address; City; State; Zip Code		\mathbf{I}		
	ļ					
	ļ					
	ļ	Perryton, TX 79070				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	01/15/2024	Quinlivan O.D., Paige				\$50.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Georgetown, TX 78628				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#	·)	Γ	Amount of Contribution (\$)	
	01/15/2024	Ramirez O.D., Juan				\$100.00
		Contributor address; City; State; Zip Code		1		
	ļ					
		Mission, TX 78573				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
Γ	Date	Full name of contributor out-of-state PAC (ID#	:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Ramirez O.D., Kirsti				\$100.00
		Contributor address; City; State; Zip Code]		
		Car Antonia TV 70222				
	Drizsingl oppu	San Antonio, TX 78233	Employer (Cap Instructions	<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	-			-		
	Date	Full name of contributor Out-of-state PAC (ID#	:)		Amount of Contribution (\$)	↑ 1 000 00
	01/15/2024	Ramirez O.D., Kirsti				\$1,200.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
		San Antonio, TX 78233				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			5)		
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	The Instrue	ction Guide explains how to complet	te this fo	orm.	1	Total pages Schedule A1: Sch: 43/60 Rpt: 46/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC				00015622	,
4	Date	5 Full name of contributor out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Ramirez-Shank O.D., Diane					\$50.00
		6 Contributor address; City; State; Zip Code			1		
		San Antonio, TX 78232					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Optometrist						
F	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Ratcliff O.D., Reagan		······································			\$50.00
		Friendswood, TX 77546					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
F	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Reneau O.D., Aaron					\$100.00
		Contributor address; City; State; Zip Code					
		Kingwood, TX 77345					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor out-of-state	PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Richardson O.D., Ronald		/			\$50.00
		Contributor address; City; State; Zip Code					
		Harlingen, TX 78550					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Optometrist				,		
⊨	Date	Full name of contributor out-of-state)	<u> </u>	Amount of Contribution (\$)	
	01/15/2024	Riley O.D., Kelly	PAC (ID#)			\$100.00
	01/13/2024						\$100.00
		Contributor address; City; State; Zip Code					
		Brownfield, TX 79316					
⊢	Principal occu	pation / Job title (See Instructions)	r	Employer (See Instructions	<u> </u> ນ		
	Optometrist				•)		
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SCHEDULE	A1
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	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/60 Rpt: 47/90	
2	FILER NAME				3	Filer ID (Ethics Commission	ı Filers)
	Texas Opton	netric PAC				00015622	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Robertson O.D., Reid					\$100.00
		6 Contributor address; City; State	e; Zip Code				
		Allen, TX 75013					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Robertson O.D., Reid					\$50.00
		Contributor address; City; State	e; Zip Code				
		-					
		Allen, TX 75013					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
╞	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Robinson O.D., Beth	1				\$100.00
		Contributor address; City; State	e: Zip Code				
			, I				
		Friendswood, TX 77546					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Robinson O.D., Nathaniel					\$100.00
		Contributor address; City; State	e; Zip Code				
		Lufkin, TX 75904					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Rocha O.D., Allison					\$20.20
		Contributor address; City; State	e; Zip Code				
		Leander, TX 78641					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Optometrist						
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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 45/60 Rpt: 48/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Rodriguez O.D., Jaime					\$50.00
		6 Contributor address; City; Sta	ate; Zip Code				
	Dringing oog	Weslaco, TX 78596		Contractions			
8	Optometrist	pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
=	-			<u> </u>	<u> </u>	Array at Contribution (f)	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢100.00
	01/15/2024	Rojas O.D., Luis					\$100.00
		Contributor address; City; Sta	ate; Zip Code				
		Dallas, TX 75204					
	Principal occu	I Ipation / Job title (See Instructions))	Employer (See Instructions	<u> </u> 5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Rosemore O.D., Corey	—				\$20.20
		Contributor address; City; Sta	ate; Zip Code				
		Frisco, TX 75035			Ĺ		
	Optometrist	pation / Job title (See Instructions))	Employer (See Instructions	5)		
				<u> </u>	.		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀርብ በብ
	01/15/2024	Rosemore O.D., Ryan					\$50.00
		Contributor address; City; Sta	ate; Zip Code				
		Frisco, TX 75033					
	Principal occu	I Ipation / Job title (See Instructions))	Employer (See Instructions	<u> </u> 5)		
	Optometrist						
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Salchak O.D., Robert					\$100.00
		Contributor address; City; Sta	ate; Zip Code				
		Sugarland, TX 77479					
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
L	Optometrist						
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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 46/60 Rpt: 49/90
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Optor	netric PAC		00015622
4 Date 01/15/2024	5 Full name of contributor out-of-state PAC (ID#: Sandberg O.D., Kyle)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78229		
 8 Principal occu Optometrist 	pation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024	Sappington O.D., Amanda		\$50.00
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79119		
Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024	Sawhney O.D., Dimple		\$100.00
	Contributor address; City; State; Zip Code Austin, TX 78723		
Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024	Scasta O.D., Tracey		\$50.00
	Contributor address; City; State; Zip Code		
	College Station, TX 77840		-
Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024	Segu O.D., Pat		\$50.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Optometrist)

	The Instrue	ction Guide explains how to comp	lete this fo	vrm.	1	Total pages Schedule A1: Sch: 47/60 Rpt: 50/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC				00015622	,
4	Date	5 Full name of contributor out-of-sta	ate PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Shandley O.D., Brian					\$400.00
		6 Contributor address; City; State; Zip Cod	le				
		Lake Jackson, TX 77566					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	5)		
	Optometrist						
╞	Date	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Shannon O.D., Bridget					\$50.00
		Contributor address; City; State; Zip Cod	le				
		Frisco, TX 75035					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Optometrist						
	Date	Full name of contributor 🗌 out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Shauger O.D., Susan					\$100.00
			le				
		Austin, TX 78727					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Optometrist						
⊨	Date	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Shidlofsky O.D., Charles					\$50.00
		Contributor address; City; State; Zip Cod	le				
		Plano, TX 75024					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Sianghio O.D., Leyden					\$20.20
		Contributor address; City; State; Zip Cod	le				
		San Antonio, TX 78255					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
⊢							

SCHEDULE	A1
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	The Instruc	ction Guide explains how	/ to complete this f	form.	1	Total pages Schedule A1: Sch: 48/60 Rpt: 51/90	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC				00015622	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/15/2024	Sitterle O.D., Scott				,	\$100.00
	01,10.202		tata: Zin Code		•		+
			ale, zip coue				
		San Antonio, TX 78247					
8	Principal occu	pation / Job title (See Instructions	;)	9 Employer (See Instructions	5)		
	Optometrist						
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/15/2024	Slaughter O.D., Kim					\$50.00
			tate: Zip Code		ł		
		Georgetown, TX 78628					
	Principal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
	Optometrist						
╞	Date	Full name of contributor	out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	01/15/2024	Smith O.D., Cameron					\$20.20
		Contributor address; City; St			1		
		-					
		Mansfield, TX 76063					
		pation / Job title (See Instructions	<i>;</i>)	Employer (See Instructions	5)		<u> </u>
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Ī	Amount of Contribution (\$)	
	01/15/2024	Sorrenson O.D., Laurie					\$500.00
		Contributor address; City; St	ate; Zip Code	,	1		
		Cedar Park, TX 78613					
		pation / Job title (See Instructions)	,)	Employer (See Instructions	5)		
	Optometrist						
Γ	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/15/2024	Sosa O.D., Virginia					\$100.00
		Contributor address; City; St			1		
		Uvalde, TX 78801		1			
		pation / Job title (See Instructions)	<i>i</i>)	Employer (See Instructions	5)		
	Optometrist						

The Instruction	on Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 49/60 Rpt: 52/90	
2 FILER NAME			3 Filer ID (Ethics Commission File	rs)
Texas Optometi	ric PAC		00015622	
01/15/2024	Full name of contributor Image: Out-of-state PAC (ID#) Stephens O.D., Nancy Contributor address; City; State; Zip Code		 7 Amount of Contribution (\$) \$. 	20.20
	Pearland, TX 77581			
 8 Principal occupati Optometrist 	ion / Job title (See Instructions)	9 Employer (See Instructions	.) 	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
01/15/2024	Stokol O.D., Arnold		\$2	00.00
	Contributor address; City; State; Zip Code Richardson, TX 75080			
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions	;)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)	
01/15/2024	Strickland O.D., Clipper			20.20
	Contributor address; City; State; Zip Code Big Spring, TX 79720			
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions	;)	
Optometrist				
Date 01/15/2024	Full name of contributor Image: out-of-state PAC (ID#) Strong O.D., Jane	¥:)	Amount of Contribution (\$) \$1	.00.00
	Contributor address; City; State; Zip Code Cypress, TX 77419			
Principal occupati Optometrist	ion / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	Amount of Contribution (\$)	
01/15/2024	Sturm O.D., Mark		5	50.00
	Contributor address; City; State; Zip Code Austin, TX 78749			
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions	i ;)	
Optometrist				
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	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 50/60 Rpt: 53/90	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Sullivan O.D., Mitchell				\$5.00
		6 Contributor address; City; State; Zip Code		"		
	ļ	1				
		1				
		Carrollton, TX 75006				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
F	Date	Full name of contributor 🔲 out-of-state PAC ((ID#:)	T	Amount of Contribution (\$)	
	01/15/2024	Sun O.D., Vissett				\$100.00
	ł	Contributor address; City; State; Zip Code		"		
	ļ	1				
	ļ	1				
		Houston, TX 77058				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	01/15/2024	Ta O.D., Diane				\$50.00
	1	Contributor address; City; State; Zip Code		1		
	ļ	1				
		1				
		Arlington, TX 76015	<u> </u>			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist			_		
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	01/15/2024	Taylor O.D., Alicia]		\$5.00
		Contributor address; City; State; Zip Code]		
		1				
		Dellas TV 75242				
	Drizsingl oppu	Dallas, TX 75243	Employer (Coo Instruction	<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	-			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 4 00 00
	01/15/2024	Taylor O.D., Erin				\$100.00
	ļ	Contributor address; City; State; Zip Code				
	ļ	1				
		Amarillo, TX 79110				
\vdash	Dringingl occu		Employer (See Instruction			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
\vdash	Optometrist					

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 51/60 Rpt: 54/90
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Opton	netric PAC		00015622
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	01/15/2024	Terrell O.D., Jenny		\$50.00
		6 Contributor address; City; State; Zip Code		
	ļ			
	ļ			
		Hurst, TX 76054		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Optometrist			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/15/2024	Terry O.D., Kirkland		\$20.20
		Contributor address; City; State; Zip Code		1
	ļ			
		Wichita Falls, TX 76311		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/15/2024	Thames O.D., Lacey		\$20.20
	1	Contributor address; City; State; Zip Code		1
	ļ			
	ļ			
		Hutto, TX 78634		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Optometrist			. <u> </u>
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/15/2024	Thomas O.D., Jack		\$100.00
	ļ	Contributor address; City; State; Zip Code		
	ļ			
	ļ	Amerille TV 70100		
L	Dringing occu	Amarillo, TX 79109 pation / Job title (See Instructions)	Employer (See Instructions	
	Optometrist	pation / Job title (See instructions)	Employer (See instructions	5)
┝	-			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/15/2024	Thomas O.D., Jeff		\$50.00
		Contributor address; City; State; Zip Code		
	ļ	Melissa, TX 75454		
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
	Optometrist			>/
┝				

	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 52/60 Rpt: 55/90	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Texas Optor	netric PAC		00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	01/15/2024	Thompson O.D., Melanie		\$100.	00
		6 Contributor address; City; State; Zip Code			
		Amarillo, TX 79109			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	is)	
	Optometrist				
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
	01/15/2024	Thornton O.D., Kristofer		\$100.	00
		Contributor address; City; State; Zip Code			
		Longview, TX 75605			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Optometrist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	01/15/2024	Tilson O.D., Alan		\$50.	00
		Contributor address; City; State; Zip Code			
		Irving, TX 75038			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Optometrist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
	01/15/2024	Tovias O.D., Mayra		\$100.	00
		Contributor address; City; State; Zip Code			
		Santa Fe, TX 77510			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Optometrist				
	Date	Full name of contributor out-of-state PAC (ID#:	<u>. </u>	Amount of Contribution (\$)	
	01/15/2024	Tran O.D., Jessica		\$20.	20
		Contributor address; City; State; Zip Code			
		Austin, TX 78759			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Optometrist				
			<u>, I</u>		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 53/60 Rpt: 56/90
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Optometric PAC	00015622
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/15/2024 Tran O.D., Anthony	\$100.00
6 Contributor address; City; State; Zip Code	
Dallas, TX 75206	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions))
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Tran O.D., Lori Luom	\$200.00
Contributor address; City; State; Zip Code	
Plano, TX 75024	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Tran O.D., Toan	\$50.00
Contributor address; City; State; Zip Code	
Carrollton, TX 75010	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Trinh O.D., Kim	\$50.00
Contributor address; City; State; Zip Code	
Austin TV 70720	
Austin, TX 78728	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024 Tupa O.D., Faye	\$50.00
Contributor address; City; State; Zip Code	
Ganado, TX 77962	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Λ
Optometrist)

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: Sch: 54/60 Rpt: 57/90	
2	FILER NAME			3 Fil	ler ID (Ethics Commission	ו Filers)
	Texas Opton	netric PAC		1	0015622	
4	Date	5 Full name of contributor Dut-of-state PAC (ID	/#:)	7 An	mount of Contribution (\$)	
	01/15/2024	Turner O.D., Kimberly				\$100.00
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ	1				
		1				
		San Antonio, TX 78258				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	3)		_
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID:)#:)	An	mount of Contribution (\$)	
	01/15/2024	Twa O.D., Michael				\$50.00
		Contributor address; City; State; Zip Code		1		
		1				
		1				
		Houston, TX 77019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (IDa)#:)	Ar	mount of Contribution (\$)	
	01/15/2024	Tybor O.D., David			• •	\$400.00
	Contributor address; City; State; Zip Code					-
	ļ					
	ļ	1				
		Austin, TX 78749				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
⊨	Date	Full name of contributor Out-of-state PAC (IDa)#·)	l Ar	mount of Contribution (\$)	
	01/15/2024	Upchurch O.D., Alan	m			\$50.00
	U _,	Contributor address; City; State; Zip Code				Ŧ
	ļ					
	ļ	1				
		McKinney, TX 75070				
⊢			Employer (See Instructions	L s)		
	Optometrist			- ,		
╞	Date	Full name of contributor Out-of-state PAC (ID:		Τ _{Δr}	mount of Contribution (\$)	
	01/15/2024	Urizar O.D., Jocelyn	#/	, , ,		\$50.00
	01/10/2027	-				Ψ00.00
	ļ	Contributor address; City; State; Zip Code				
	ļ	1				
		Houston, TX 77077				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	Optometrist			<i>)</i>		
⊢						

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 55/60 Rpt: 58/90	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
	Texas Opton				00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Valdes O.D., Matt				\$200.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78248				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Vasquez O.D., Celina				\$50.00
		Contributor address; City; State; Zip Code		1		
		Palmview, TX 78572				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Voigt O.D., Kevin				\$50.00
	Contributor address; City; State; Zip Code					
		Corpus Christi, TX 78414				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Vorster O.D., Edward				\$400.00
		Contributor address; City; State; Zip Code		1		
		Silsbee, TX 77656				
	Principal occupation / Job title (See Instructions) Employer (See Instruction		Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Wagner O.D., Troy				\$200.00
		Contributor address; City; State; Zip Code		1		
	The Woodlands, TX 77382					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 56/60 Rpt: 59/90			
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	01/15/2024	Walters O.D., Mary				\$50.00
	1	6 Contributor address; City; State; Zip Code		1		
	I	1				
	l	5				
-	Dringinal agai	Brenham, TX 77833	Contraction			
δ	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
╞	-			1		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	<u>محم مم</u>
	01/15/2024					\$50.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	l	Cedar Park, TX 78613				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Optometrist	,		-,		
╞	Date	Full name of contributor Out-of-state PAC (ID#		Г	Amount of Contribution (\$)	
	01/15/2024	Warstler O.D., Ashley	τ,			\$50.00
	Contributor address; City; State; Zip Code			1		+ • • • • •
	I					
	I	1				
	I	Houston, TX 77042				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	01/15/2024	Watt O.D., Kristen				\$20.20
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	I	1				
		Stephenville, TX 76401		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist			-		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	01/15/2024	Way O.D., David]		\$200.00
	I	Contributor address; City; State; Zip Code]		
	I	1				
	I	Carias TV 77270				
\vdash	Drinsipal agai	Spring, TX 77379		<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

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	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 57/60 Rpt: 60/90		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Wedel O.D., Karl				\$100.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Cleburne, TX 76033				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Weedman O.D., Audrey				\$100.00
		Contributor address; City; State; Zip Code				
		New Braunfels, TX 78132				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			5)		
⊨	-		<u> </u>	1	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀ100 00
	01/15/2024	West O.D., Jacob				\$100.00
		Contributor address; City; State; Zip Code				
		Flint, TX 75762				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	01/15/2024	Wiatrek O.D., Beverly				\$100.00
		Contributor address; City; State; Zip Code		ł		•
		San Antonio, TX 78223				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Widmann O.D., Clarence				\$50.00
		Contributor address; City; State; Zip Code		1		
		Waco, TX 76710				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 58/60 Rpt: 61/90	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Texas Optor	netric PAC		00015622	
4 Date	5 Full name of contributor out-of-state PA	SC (ID#:)	7 Amount of Contribution (\$)	
01/15/2024	Wiechmann O.D., Alexandra		\$20.20	
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78209			
	pation / Job title (See Instructions)	9 Employer (See Instruction	s)	
Optometrist				
Date	Full name of contributor 🔲 out-of-state PA	\C (ID#:)	Amount of Contribution (\$)	
01/15/2024	Wild O.D., Tristan		\$100.00	
	Contributor address; City; State; Zip Code			
	Austin, TX 78730			
	pation / Job title (See Instructions)	Employer (See Instruction	s)	
Optometrist				
Date	Full name of contributor 🛛 out-of-state PA	C (ID#:)	Amount of Contribution (\$)	
01/15/2024	Wilken O.D., Bret		\$50.00	
	Contributor address; City; State; Zip Code			
	0			
Driverine Lesson	Coppell, TX 75019		-)	
	pation / Job title (See Instructions)	Employer (See Instruction	s)	
Optometrist			1	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of Contribution (\$)	
01/15/2024	Williams O.D., James		\$50.00	
	Contributor address; City; State; Zip Code			
	Jonlin MO 64904			
Dringingloggy	Joplin, MO 64804 pation / Job title (See Instructions)	Employer (Can Instruction	2)	
Optometrist	pation / Job title (See instructions)	Employer (See Instruction	5)	
			I	
Date	Full name of contributor Out-of-state PA	SC (ID#:)	Amount of Contribution (\$)	
01/15/2024	Williams O.D., Bryan		\$20.20	
	Contributor address; City; State; Zip Code			
	Dallas TX 75226			
Dringing age	Dallas, TX 75226	Employor (See Instruction		
Optometrist	pation / Job title (See Instructions)	Employer (See Instruction	5)	
optometrist				

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 59/60 Rpt: 62/90	
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/15/2024	Wilson O.D., Kent				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Terrell, TX 75160				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/15/2024	Wineinger O.D., Jeffrey				\$50.00
		Contributor address; City; State; Zip Code		1		
		Cedar Park, TX 78613				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	01/15/2024	Wong O.D., Joyce				\$100.00
		Contributor address; City; State; Zip Code		1		
		El Paso, TX 79912				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/15/2024	Wright O.D., David				\$200.00
		Contributor address; City; State; Zip Code		1		
		Seminole, TX 79360				
	Principal occupation / Job title (See Instructions) Employer (See Instruction		Employer (See Instructions	5)		
	Optometrist					
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Wright O.D., Lance				\$100.00
		Contributor address; City; State; Zip Code		1		
		Seminole, TX 79360				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

	The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule A1: Sch: 60/60 Rpt: 63/90		
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)	
ľ	Texas Optometric PAC			ľ	00015622	1111013)	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:) 7	Amount of Contribution (\$)		
	01/15/2024	Yee O.D., Jamie				\$100.00	
		6 Contributor address; City; State; Zip Code					
		Dallas, TX 75033					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)			
	Optometrist						
	Date	Full name of contributor 🛛 out-of-state PAC	(ID#:)	Amount of Contribution (\$)		
	01/15/2024 Yeh O.D., Shihwei				\$50.00		
		Frisco, TX 75035					
⊢	Deinsinglasse		England (Or a last				
		pation / Job title (See Instructions)	Employer (See Instruc	ctions)			
	Optometrist						
	Date	Full name of contributor 🛛 out-of-state PAC	(ID#:		Amount of Contribution (\$)		
	01/15/2024	Zachry O.D., Kayla				\$20.20	
		Contributor address; City; State; Zip Code					
		Kerrville, TX 78028					
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc				
	Optometrist			000000			
	Date		(ID#:		Amount of Contribution (\$)		
	01/15/2024	Zhang O.D., Joyce				\$20.20	
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78209					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)			
	Optometrist						
⊢	•						

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 1/25 Rpt: 64/90	Texas Optometric PAC	00015622	
4 Date	5 Payee name		
01/22/2024	Alders, Daniel		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	PO Box 8907		
Expenditure from corporate funds	Tyler, TX 75711		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE		utside of Texas. Complete Schedule T.	
		TX, officeholder living expense	
	Campaign Co		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
01/22/2024	Allen, Alma		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	3717 Cork Dr.		
Expenditure from corporate funds	Houston, TX 77047		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE		utside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	TX, officeholder living expense	
	Campagn Co		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
01/22/2024	Alvarado, Carol		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	6645 Rockbridge		
Expenditure from corporate funds	Houston, TX 77023		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE		utside of Texas. Complete Schedule T.	
		TX, officeholder living expense	
	Campaign Col	าแทมนแบทร	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimt Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Jursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/25 Rpt: 65/90	Texas Optometric PAC	00015622
4 Date 01/22/2024	5 Payee name	
	Ashby, Trent	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	PO Box 412	
Expenditure from corporate funds	Lufkin, TX 75902	
8 PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense paign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
01/22/2024	Bailes, Ernest	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	1000 Bailes Dairy Rd	
Expenditure from corporate funds	Shepherd, TX 77371	
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense paign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
01/22/2024	Bettencourt, Paul	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	1 E Greenway Plaza Ste 225	
Expenditure from corporate funds	Houston, TX 77046	
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense paign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 3/25 Rpt: 66/90	Texas Optometric PAC 00015622		
4 Date 01/22/2024	5 Payee name Blanco, Cesar		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	5630 Gateway E Suite 10J		
Expenditure from corporate funds	El Paso, TX 79905		
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/22/2024	Bonnen, Greg		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00	405 David		
Expenditure from corporate funds	Friendswood, TX 77546		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/22/2024	Buckley, Brad		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	1321 Pershing Dr		
Expenditure from corporate funds	Killeen, TX 76549		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 4/25 Rpt: 67/90	Texas Optometric PAC 00015622		
4 Date 01/22/2024	5 Payee name Bumgarner, Ben		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	5150 Kensington Ct		
Expenditure from corporate funds	Flower Mound, TX 75022		
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/22/2024	Burns, Dewayne		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	703 Stonelake Drive		
Expenditure from corporate funds	Cleburne, TX 76033		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/22/2024	Burrows, Dustin		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00	PO Box 2569		
Expenditure from corporate funds	Lubbock, TX 79408		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 5/25 Rpt: 68/90	Texas Optometric PAC 00015622			
4 Date 01/22/2024	5 Payee name Button, Angie			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	PO Box 832748			
Expenditure from corporate funds	Richardson, TX 78083			
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/22/2024	Cain, Briscoe			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	PO Box 7			
Expenditure from corporate funds	Deer Park, TX 77536			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/22/2024	Campbell, Donna			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	1319 Mary Cove			
Expenditure from corporate funds	New Braunfels, TX 78130			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 6/25 Rpt: 69/90	Texas Optometric PAC 00015622		
4 Date	5 Payee name		
01/22/2024	Capriglione, Giovanni		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	1352 Ten Bar Trail		
Expenditure from corporate funds	Southlake, TX 76092		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. 		
EXPENDITORE	Candidate/Officeholder/Political Committee Campaign Contributions		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/22/2024	Clardy, Travis		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	209 E Main Street		
Expenditure from corporate funds	Nacogdoches, TX 75961		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		
	Campaign Contributions		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/22/2024	Cook, David		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	309 E Broad St		
Expenditure from corporate funds	Mansfield, TX 76063		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense		
	Campaign Contributions		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:		
Sch: 7/25 Rpt: 70/90	Texas Optometric PAC 00015622	
4 Date 01/22/2024	5 Payee name Curry, Pat	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 204 Woodhew Dr	
Expenditure from corporate funds	Waco, TX 76712	
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
01/22/2024	Darby, Drew	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	36 West Beauregard, Ste. 517	
Expenditure from corporate funds	San Angelo, TX 76903	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
01/22/2024	DeAyala, Mano	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	12335 Kingsride Ln 416	
Expenditure from corporate funds	Houston, TX 77024	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 8/25 Rpt: 71/90	Texas Optometric PAC 00015622		
4 Date	5 Payee name		
01/22/2024	Dean, Jay		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	3822 Holly Ridge		
Expenditure from corporate funds	Longview, TX 75605		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign Contributions		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/22/2024	Dyson, Paul		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	4040 Hwy 6 Ste 200		
Expenditure from corporate funds	College Station, TX 77845		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Pavee name		
01/22/2024	Eckhardt, Sarah		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 301586		
Expenditure from corporate funds	Austin, TX 78703		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 9/25 Rpt: 72/90	Texas Optometric PAC 00015622		
4 Date 01/22/2024	5 Payee name Frank, James		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	3707 Maplewood Ave, Suite 200		
Expenditure from corporate funds	Wichita Falls, TX 76308		
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/22/2024	Frazier, Frederick		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	321 Bachman Creek Dr		
Expenditure from corporate funds	McKinney, TX 75072		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/22/2024	Garcia, Linda		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	609 North Ebrite St Ste 107-1003		
Expenditure from corporate funds	Mesquite, TX 75149		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/25 Rpt: 73/90	Texas Optometric PAC 00015622
4 Date 01/22/2024	5 Payee name Gerdes, Stan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	606 Gresham St
Expenditure from corporate funds	Smithville, TX 78957
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Geren, Charlie
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1440
Expenditure from corporate funds	Fort Worth, TX 76101
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Hagenbuch, Brent
Amount (\$) \$1,000.00	Payee address;City;State; Zip Code2800 Shoreline Dr #310
Expenditure from corporate funds	Denton, TX 76210
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

				EXPE		CATEGOR	RIES FOR	во	X 8(a)				
Accounting/Ban Consulting Expe Contributions/ D Candidate/O	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expe Fees Food/Bever Gift/Awards Legal Servi	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor			Travel in District Travel Out of Dis	quipm	g Expense ent & Related Expense ory not listed above)			
1 Total pages S	Schedule F1:	2	FILER NAM	Ξ						3	Filer ID	(Eth	nics Commission Filers)
Sch: 11/25			Texas Opto		PAC						00015622		
4 Date 01/22/2024			Payee name Harris, Cod										
				-		<u> </u>	7: 0						
6 Amount (\$)	#4 000 00	I	Payee addre		City;	State;	Zip Co	de					
	\$1,000.00		1000 Aven	ue A									
Expenditure f corporate fun			Palestine,	FX 75802	1								
8 PURPOS OF EXPENDITU			Category _{(S} Contributio Candidate/	ns/Dona	tions Made	e By	ŕ			, тх,	de of Texas. Comp officeholder living ibutions		
9 Complete <u>ON</u> expenditure to			Candidate/Off	iceholder	name	C	Office sou	ght			Office he	eld	
Date			Payee name										
01/22/2024			Hefner, Co	le									
Amount (\$)			Payee addre	ss; C	ity;	State;	Zip Co	de					
	\$1,000.00		PO Box 16	7									
Expenditure f			Mount Plea	sant, TX	75456								
PURPOS OF EXPENDITU			Category _{(S} Contributio Candidate/	ns/Dona	tions Made	e By				, тх,	de of Texas. Comp officeholder living ibutions		
Complete <u>ON</u> expenditure to	I <u>LY</u> if direct o benefit C/OI		Candidate/Off	iceholder	name	C	Office sou	ght			Office he	eld	
Date			Payee name										
01/22/2024			Hernandez	, Ana									
Amount (\$)			Payee addre	ss; C	ity;	State;	Zip Co	de					
	\$1,000.00		PO Box 15	538									
Expenditure f corporate fun			Houston, T	X 77011									
PURPOS OF EXPENDITL			Category _{(S} Contributio Candidate/	ns/Dona	tions Made	вy	ŕ			, тх,	de of Texas. Comp officeholder living ibutions		
Complete <u>ON</u> expenditure to			Candidate/Off	iceholder	name	C	Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/25 Rpt: 75/90	Texas Optometric PAC 00015622
4 Date	5 Payee name
01/22/2024	Hinojosa, Juan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	612 West Nolana Suite 410
Expenditure from corporate funds	McAllen, TX 78504
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/22/2024	Holland, Justin
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3021 Ridge Road Suite A Box 79
Expenditure from corporate funds	Rockwall, TX 75032
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/22/2024	Huffman, Joan
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	6217 Edloe St.
Expenditure from corporate funds	Houston, TX 77005
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

			EXPENDITURE C	ATEGOR	RIES FOR	BOX 8(a)			
A C	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Travel in District Travel Out of District	pment & Related Expense		
1 To	otal pages Schedule F1:	2 F	ILER NAME				3	Filer ID (E	Ethics Commission Filers)
	ch: 13/25 Rpt: 76/90		exas Optometric PAC					00015622	
4 Da 01	ate 1/22/2024		ayee name Iull, Lacey						
6 Ar	mount (\$)	7 P	ayee address; City;	State;	Zip Cod	e			
	\$1,000.00	F	O Box 19231		·				
	Expenditure from corporate funds	F	louston, TX 77224						
8 E	PURPOSE OF EXPENDITURE	0	ategory (See Categories listed at the to contributions/Donations Made candidate/Officeholder/Politica	Ву	,		n, TX,	ide of Texas. Complet , officeholder living exp ributions	
	omplete <u>ONLY</u> if direct penditure to benefit C/OI		ndidate/Officeholder name	0	Office soug	ht		Office held	
Dá	ate	Р	ayee name						
01	L/22/2024	F	lunter, Todd						
Ar	mount (\$)	P	ayee address; City;	State;	Zip Cod	e			
	\$1,000.00	4	45 Cape Henry						
	Expenditure from corporate funds	C	Corpus Christi, TX 78412						
E	PURPOSE OF EXPENDITURE	C	ategory (See Categories listed at the to contributions/Donations Made candidate/Officeholder/Politica	Ву			n, TX,	ide of Texas. Complet , officeholder living exp ributions	
	omplete <u>ONLY</u> if direct spenditure to benefit C/OI		ndidate/Officeholder name	0)ffice soug	ht		Office held	
Dá	ate	P	ayee name						
01	1/22/2024		etton, Jacey						
Ar	mount (\$)		ayee address; City;	State:	Zip Cod	e			
	\$1,000.00		7 Sugar Creek Blvd #600	,	F				
	Expenditure from corporate funds	S	ugarland, TX 77478						
E	PURPOSE OF EXPENDITURE	C	ategory (See Categories listed at the to contributions/Donations Made candidate/Officeholder/Politica	Ву			n, TX,	ide of Texas. Complet , officeholder living exp ributions	
	omplete <u>ONLY</u> if direct penditure to benefit C/OI		ndidate/Officeholder name	0	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/25 Rpt: 77/90	Texas Optometric PAC 00015622
4 Date	5 Payee name
01/22/2024	Johnson, Ann
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 56386
φ1,000.00	FO B0X 50380
Expenditure from corporate funds	Houston, TX 77256
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Jones, Venton
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1075 Griffin St West
Expenditure from corporate funds	Dallas, TX 75215
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	King, Ken
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2416 Locust
\$1,000,000	
Expenditure from corporate funds	Canadian, TX 79014
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
	Candidate/Officeholder/Political Committee Campaign Contributions
	Campaign Contributions
Complete ONU V if direct	Candidata/Officeholder.name Office.courbt Office.hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinfursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/25 Rpt: 78/90	Texas Optometric PAC 00015622
4 Date	5 Payee name
01/22/2024	Kitzman, Stan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 553
Expenditure from corporate funds	Pattison, TX 77466
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Klick, Stephanie
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 7592
Expenditure from corporate funds	Ft 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Kuempel, John
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	902 E. College St.
Expenditure from corporate funds	Seguin, TX 78155
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/25 Rpt: 79/90	Texas Optometric PAC 00015622
4 Date	5 Pavee name
01/22/2024	LaMantia, Morgan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	1324 E Madison
φ2,000.00	1324 E Madisoli
Expenditure from corporate funds	Brownsville, TX 78520
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Lambert, Stan
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3925 Carrera Lane
Expenditure from corporate funds	Abeline, TX 79602
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Campaign Contributions
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	5
Date	Payee name
01/22/2024	Leach, Jeff
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2417 Piedra Drive
Expenditure from corporate funds	Plano, TX 75023
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/25 Rpt: 80/90	Texas Optometric PAC 00015622
4 Date 01/22/2024	5 Payee name Lopez, Ray
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 309 Wurzbach Rd
corporate funds	San Antonio, TX 78238
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Manuel, Christian
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1800 Nueces St.
Expenditure from corporate funds	Austin, TX 78701
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/22/2024	Metcalf, Will
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 454
Expenditure from corporate funds	Conroe, TX 77305
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic: Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/25 Rpt: 81/90	Texas Optometric PAC 00015622
4 Date 01/22/2024	5 Payee name Meyer, Morgan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	3232 McKinney Ave, Suite 660
Expenditure from corporate funds	Dallas, TX 75204
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Morales, Eddie
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	352 Hillcrest
Expenditure from corporate funds	Eagle Pass, TX 78852
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Noble, Candy
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1105 E. Main St #223
Expenditure from corporate funds	Allen, TX 75002
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 19/25 Rpt: 82/90	Texas Optometric PAC 00015622
4 Date	5 Payee name
01/22/2024	Oliverson, Tom
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1 E Greenway Plaza
Expenditure from corporate funds	Houston, TX 77046
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/22/2024	Parker, Tan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1313 Paprika Dr.
Expenditure from corporate funds	Flower Mound, TX 75028
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/22/2024	Patterson, Jared
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4412 Sapphire Dr
Expenditure from corporate funds	Frisco, TX 75034
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/25 Rpt: 83/90	Texas Optometric PAC 00015622
4 Date	5 Payee name
01/22/2024	Paxton, Angela
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 2878
Expenditure from corporate funds	McKinney, TX 75070
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Phelan, Dade
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 848
Expenditure from corporate funds	Nederland, TX 77627
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Shaheen, Matt
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3917 Malton Drive
Expenditure from corporate funds	Plano, TX 75025
PURPOSE OF	 (a) Category (See Categories listed at the top of this schedule) (b) Description (contributions/Donations Made By (b) Description (contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/25 Rpt: 84/90	Texas Optometric PAC 00015622
4 Date 01/22/2024	5 Payee name Slawson, Shelby
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	910 Old Hico Rd
Expenditure from corporate funds	Stephenville, TX 76401
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/22/2024	Smith, Reggie
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	111A N Travis, Ste 5
Expenditure from corporate funds	Sherman, TX 75090
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/22/2024	Smithee, John
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2808 S. Parker
Expenditure from corporate funds	Amarillo, TX 79109
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp / - Gift/Awards/Memorials Expense Printing Exp	ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 22/25 Rpt: 85/90	Texas Optometric PAC	00015622
4 Date	5 Payee name	
01/22/2024	Spiller, David	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le
\$1,000.00	122 East Belknap St	
Expenditure from corporate funds	Jacksboro, TX 76458	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee	
		Campagn Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I I Candidate/Officeholder name Office soug H	ht Office held
Date	Payee name	
01/22/2024	Talarico, James	
Amount (\$)	Payee address; City; State; Zip Coo	le
\$500.00	PO Box 5850	
Expenditure from corporate funds	Round Rock, TX 78683	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Campaign Contributions
		Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
01/22/2024	Thimesch, Kronda	
Amount (\$)	Payee address; City; State; Zip Cod	
\$500.00	PO Box 118978	
+000100		
Expenditure from corporate funds	Carrollton, TX 75011	
PURPOSE OF		b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Onicenoidel/Political Committee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office soug H	ht Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 23/25 Rpt: 86/90	Texas Optometric PAC 00015622
4 Date 01/22/2024	5 Payee name Troxclair, Ellen
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 701 HWY 281, Suite H #196
corporate funds	Marble Falls, TX 78654
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	VanDeaver, Gary
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1101 Hwy 98
Expenditure from corporate funds	New Boston, TX 75570
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/22/2024	Vo, Hubert
Amount (\$) \$500.00	Payee address;City;State;Zip Code11360 Bellaire Blvd., #880
Expenditure from corporate funds	Houston, TX 77072
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 24/25 Rpt: 87/90	Texas Optometric PAC 00015622	
4 Date	5 Payee name	
01/22/2024	Walle, Armando	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	PO Box 16101	
Expenditure from corporate funds	Houston, TX 77222	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
	Candidate/Onicenoide//Pointcal Committee Campaign Contributions	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
01/22/2024	West, Royce	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	320 SRL Thornton	
\$1,000.00		
Expenditure from corporate funds	Dallas, TX 75203	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
01/22/2024	Wilson, Terry	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO Box 489	
Expenditure from corporate funds	Marble Falls, TX 78654	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 25/25 Rpt: 88/90	Texas Optometric PAC 00015622		
4 Date 01/22/2024	5 Payee name Zwiener, Erin		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	225 S Main St. Unit 102		
Expenditure from corporate funds	Kyle, TX 78640		
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 Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		

SCHEDULE I

Total pages Schedule I:Sch: 1/2 Rpt:Date01/18/2024	Texas Optometric PAC 5 Payee name	00015622
	•	
01/18/2024		
	Carriage House Partners	
Amount (\$)	7 Payee Address; City; State; Zip	
6,250.00	5502 Hidden Trails	
Expenditure from corporate funds	Arlington, TX 76017	
		b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Accounting/Banking	Lobbyist
Date	Payee name	
01/16/2024	Clem, Mike	
Amount (\$)		
	Payee Address; City; State; Zip 10155 Shadyview	
447.16	10100 Chadynew	
Expenditure from corporate funds	Dallas, TX 75238	
	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Salaries/Wages/Contract Labor	Accounting Services & Bank Fees
EXPENDITORE		
_		
Date	Payee name	
01/16/2024	Fedex	
Amount (\$)	Payee Address; City; State; Zip	
50.24	PO Box 660481	
Expenditure from corporate funds	Dallas, TX 75266	
		b) Description (See instructions regarding type of information required.
OF	Office Overhead/Rental Expense	Delivery
EXPENDITURE		
Date	Payee name	
01/22/2024	Membership marketing	
Amount (\$)	Payee Address; City; State; Zip	
588.00	1280 Perimeter Pkwy	
Expenditure from	Virging Deeph V/A 224E4	
	Virgina Beach, VA 23454	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (Office Overhead/Rental Expense	b) Description (See instructions regarding type of information required. Marketing
EXPENDITURE		mancung

SCHEDULE I

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
Sch: 2/2 Rpt:	Texas Optometric PAC	00015622
Date	5 Payee name	
01/25/2024	Paypal	
Amount (\$)	7 Payee Address; City; State; Zip	
499.55	2211 North First Street	
Expenditure from corporate funds	San Jose, CA 95131	
		(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Accounting/Banking	Payment fee
Date	Payee name	
01/25/2024	QuickBooks Payments	
Amount (\$)	Payee Address; City; State; Zip	
788.96	2632 Marine Way	
- Expenditure from		
corporate funds	Mountain View, CA 94043	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	
EXPENDITURE	Accounting/Banking	Accounting Services & Bank Fees
Date	Payee name	
01/22/2024	TOA Facility	
Amount (\$)	Payee Address; City; State; Zip	
750.00	3011 N Lamar ste 300	
- Expenditure from		
Corporate funds	Austin, TX 78701	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
EXPENDITURE	Office Overhead/Rental Expense	Facility Fee
Date	Payee name	
01/01/2024	Texas Ethics Commission	
Amount (\$)	Payee Address; City; State; Zip	
	PO Box 12070	
153.63 Expanditura from		
153.63 Expenditure from corporate funds	Austin, TX 78711	
Expenditure from corporate funds PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
Expenditure from corporate funds		(b) Description (See instructions regarding type of information required. Payment fee