

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00016210	<b>2</b> Total pages filed: 12	<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Texas Podiatric Medical PAC	Date Received <b>ELECTRONICALLY FILED</b> 02/26/2024		
<b>4</b> TREASURER NAME Daise, Melinda (Mrs.)	Date Hand-delivered or Date Postmarked		
<b>5</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Processed
<b>6</b> ORIGINAL PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day Year 01/25/2024
Date Imaged			

**7 EXPLANATION OF CORRECTION**  
 The 30-Day Pre -Election Campaign Finance Report had the incorrect dates. The original report had the coverage dates 1/1/24 to 2/25/24. It should have been 1/1/24 to 1/25/24. All activity was correct. This has been corrected.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

\_\_\_\_\_  
Mrs. Melinda Daise  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00016210	<b>2 Total pages filed:</b> 12
<b>3 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 02/26/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200  Austin, TX 78701		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI
	Mrs.	Melinda	
	NICKNAME	LAST	SUFFIX
		Daise	
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200  Austin, TX 78701		
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200  Austin, TX 78701		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	494-1123	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year 01/01/2024      01/25/2024		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 03/05/2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,596.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 2,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 38,804.74
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Mrs. Melinda Daise  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 4 of 12

<b>12 COMMITTEE NAME</b> Texas Podiatric Medical PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00016210
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	<b>A. Supported</b> Carrie De Moor M.D. State Senator
		<b>B. Opposed</b>
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	<b>A. Supported</b>
		<b>B. Opposed</b>
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	<b>A. Supported</b>
		<b>B. Opposed</b>
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	<b>A. Supported</b>
		<b>B. Opposed</b>
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Rep. Angie Chen Button State Representative

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00016210
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,596.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 6/12
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 01/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bazan DPM, Demenico (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Leander, TX 76502	
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butts DPM, Turner (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Spring, TX 77389	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cerniglia DPM, Matthew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Azle, TX 76020	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crane DPM, Marybeth (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Southlake, TX 76092	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fish DPM, Shay (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 7/12
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 01/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gaynor-Elko DPM, Caroline (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78251	
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 01/23/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gunther DPM, David (Dr.)	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77077	
<b>Principal occupation / Job title (See Instructions)</b> Podiatrist		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/22/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jenkins DPM, Suzanne (Dr.)	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Hillsboro, TX 76645	
<b>Principal occupation / Job title (See Instructions)</b> Podiatrist		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/10/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jenson DPM, David (Dr.)	<b>Amount of Contribution (\$)</b> \$400.00
	<b>Contributor address; City; State; Zip Code</b>  Spring, TX 77373	
<b>Principal occupation / Job title (See Instructions)</b> Podiatrist		<b>Employer (See Instructions)</b> Self
<b>Date</b> 01/23/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson DPM, Matthew (Dr.)	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Coppell, TX 75019	
<b>Principal occupation / Job title (See Instructions)</b> Podiatrist		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 8/12
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 01/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lew DPM, Randy (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76126	
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Meara DPM, Sean (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ogunlana DPM, Babajide (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77077	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Onosode DPM, Nere (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry DPM, Jacquelyn (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Kennedale, TX 76060	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 9/12
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 01/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pignetti DPM, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  the Woodlands, TX 77381	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pitts DPM, Megan (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rhodus DPM, Charles (Dr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson DPM, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76508	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers DPM, Lee (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 10/12
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 01/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosado DPM, Rebecca (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79912	
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sapien DPM, Mariano (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saucier DPM, Taylor (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77042	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwartz DPM, Rebecca (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77080	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shibuya DPM, Naohiro (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 11/12
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 01/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sloan DPM, Martin (Dr.)	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Rowlett, TX 75088		
<b>8</b> Principal occupation / Job title (See Instructions) podiatrist		<b>9</b> Employer (See Instructions) self
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toole DPM, Roxanne (Dr.)	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Conroe, TX 77304		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Treleven DPM, Kristen (Dr.)	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Van Alstyne, TX 75495		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilks DPM, Alton	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  DeSota, TX 75115		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wisdom DPM, Jill (Dr.)	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Plano, TX 75024		
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 12/12	<b>2</b> FILER NAME Texas Podiatric Medical PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016210
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<b>4</b> Date 01/23/2024	<b>5</b> Payee name Button, Angie Chen (Rep.)
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<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P. O. Box 832748  Richardson, TX 75083
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/12/2024	Payee name De Moor, Carrie (Dr.)
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8668 John Hickman Pkway Suite 505 Frisco, TX 75034
--	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/11/2024	Payee name Phelan, Dade (Rep.)
--------------------	-----------------------------------

Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 848  Nederland, TX 77627
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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