#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00016210 12 Date Received COMMITTEE Texas Podiatric Medical PAC **ELECTRONICALLY FILED** NAME 02/26/2024 TREASURER Daise, Melinda (Mrs.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Day Year Month Day Date Imaged **COVERED THROUGH** 01/01/2024 01/25/2024 **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 \_\_\_ \_\_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

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

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Podiatric Medical PAC			0001623	,
4 COMMITTEE 1. Ca	andidates	A. Supported		
ACTIVITY (Identify	y by name or, if ble, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
2 M	easures	A. Supported		
(Descril	be by date and location tion and nature of issue.)			
		B. Opposed		
As (Identify	fficeholders ssisted y by name or, if ble, classify by party.)	Rep. Dade Phelan		
TOTALS PL	LEDGES, LOANS, ( ONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
2. TO	OTAL POLITICA	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,596.00
EXPENDITURE 3. TO TOTALS	OTAL UNITEMIZED	\$	0.00	
4. TO	OTAL POLITICA	L EXPENDITURES	\$	2,000.00
	OTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	ST DAY \$	38,804.74
		AMOUNT OF ALL OUTSTANDING LOANS AS O REPORTING PERIOD	F THE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code.		
			lelinda Daise Campaign Trea	
AFFIX NOTARY STAM	IP / SEAL ABOVE	Signature of C	Sampaigh Hea	asurei
Swarp to and subscribed before	ma butha asid		this the	dov
		which, witness my hand and seal of office.	, uns une	day
01	, to certify v	mich, waitess my haita and sear of office.		
Signature of officer administe	ering oath	Printed name of officer administering oath	Title of o	officer administering oath

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC ADDENDUM

Page 4 of 12

12 COMMITTEE ACTIVITY (Attach lists on plain page it to complete this report if necessary)  2. Measures (Berrich by rame or, if applicative classify by rame)  3. Officeholders ACTIVITY (Attach lists on plain page it to complete this report if necessary)  2. Measures (Berrich by rame or, if applicative classify by rame)  3. Officeholders Activity (Attach lists on plain page it to complete this report if necessary)  2. Measures (Berrich by rame or, if applicative classify by rame)  3. Officeholders Activity (Attach lists on plain page it to complete this report if necessary)  2. Measures (Berrich by rame or, if applicative classify y rame)  3. Officeholders Activity (Attach lists on plain page it to complete this report if necessary)  3. Officeholders Assisted (Berrich by rame or, if applicative classify y rame)  3. Officeholders Assisted (Berrich by rame or, if applicative classify y rame)  4. Supported  5. Opposed  7. Page Angle Chen Button State Representative  8. Rep. Angle Chen Button State Representative						Fage 4 01 12
1. Candidates (deatly by name or, if applicable, classify by parry),  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (deatly by name or, if applicable, classify by parry)  (Attach lists on plain paper to complete this report if necessary.)  1. Candidates (deatly by name or, if applicable, classify by parry)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (deatly by name or, if applicable, classify by parry)  B. Opposed  3. Opposed  3. Opposed  4. Supported  B. Opposed  5. Opposed  6. Supported  6. Supported  7. Candidates (deatly by name or, if applicable, classify by parry)  8. Opposed  9. Measures (Describe by date and location of election and nature of losue.)  8. Opposed  8. Opposed  9. Measures (Describe by date and location of election and nature of losue.)  8. Opposed  9. Measures (Describe by date and location of election and nature of losue.)  8. Opposed  9. Measures (Describe by date and location of election and nature of losue.)  8. Opposed  9. Opposed  1. Rep. Angle Chen Button State Representative	12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  2. Measures (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.)  (Attach lists on plain paper to complete this report if necessary.)  A. Supported  C. Measures (Describe by date and location of election and nature of issue.)  B. Opposed	Texas Podiatric Medica	I PAC			00016210	
paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (dentify by name or, if applicable, classify by parry.)  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed  Committee (Describe by date and location of election and nature of issue.)  B. Opposed  Committee (Describe by date and location of election and nature of issue.)  B. Opposed  Committee (Describe by date and location of election and nature of issue.)  B. Opposed  Committee (Describe by date and location of election and nature of issue.)  B. Opposed  Committee (Describe by date and location of election and nature of issue.)  B. Opposed		(Identify by name or, if		Carrie De Moor M.D. State Sen	ator	
Committee   Comm	paper to complete this		B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported  B. Opposed  B. Opposed  B. Opposed  B. Opposed  Rep. Angie Chen Button State Representative  Assisted (Identify by name or, if paper or,		(Describe by date and location of election and	A. Supported			
Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  A. Supported  A. Supported  Chescribe by date and location of election and nature of issue.)  B. Opposed  Rep. Angie Chen Button State Representative  Assisted (Identify by name or, if			B. Opposed			
(Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  Rep. Angie Chen Button State Representative (Identify by name or, if		Assisted (Identify by name or, if				
paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if		(Identify by name or, if				
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders    Assisted (Identify by name or, if	paper to complete this		B. Opposed			
3. Officeholders Assisted (Identify by name or, if		(Describe by date and location of election and				
Assisted (Identify by name or, if			B. Opposed			
applicable, classify by party.)		Assisted (Identify by name or, if		Rep. Angie Chen Button State	Representative	
		applicable, classify by party.)				

#### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					5 of 12
<b>17</b> COM	MITTE	E NAME	18 Filer ID	(Ethics Commissio	n Filers)
Texas		(			
<b>19</b> SCHE		00016210	1		
			SUBTOTAL A	MOUNT	
INAIVIE	OF	SCHEDULE			
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,596.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION 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 CONTRIBUTION	S	\$	2,000.00
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.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 6/12	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	ı Filers)
4	Date 01/04/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Bazan DPM, Demenico (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$100.00
0	Principal occur	Leander, TX 76502	۱۵	Employer (See Instructions	<u>''</u>		
8	Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	»)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_Butts DPM, Turner (Dr.)  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$10.00
		Spring, TX 77389	_	5 1 (0 1 1 1	_		
	Principal occui Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	S)		
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID#:_ Cerniglia DPM, Matthew (Dr.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
		Azle, TX 76020					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 01/13/2024	Full name of contributor out-of-state PAC (ID#:_ Crane DPM, Marybeth (Dr.)  Contributor address; City; State; Zip Code  Southlake, TX 76092		)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID#:_Fish DPM, Shay (Dr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78229			•	Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 7/12	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 01/25/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$40.00
8	Principal occu	San Antonio, TX 78251 pation / Job title (See Instructions)	۵	Employer (See Instructions	-, 		
0	Podiatrist	pation / 300 title (See Instructions)	3	Self	P)		
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID#:_ Gunther DPM, David (Dr.) Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$25.00
		Houston, TX 77077					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#:_ Jenkins DPM, Suzanne (Dr.) Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
		Hillsoboro, TX 76645					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/10/2024	Full name of contributor out-of-state PAC (ID#:_ Jenson DPM, David (Dr.)  Contributor address; City; State; Zip Code  Spring, TX 77373			•	Amount of Contribution (\$)	\$400.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson DPM, Matthew (Dr.)  Contributor address; City; State; Zip Code  Coppell, TX 75019				Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to c	complete this forn	1.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 8/12		
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)	
4	Date 01/02/2024	Lew DPM, Randy (Dr.)	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	Fort Worth, TX 76126 pation / Job title (See Instructions)	9	Employer (See Instructions	)			
	Podiatrist  Date 01/07/2024	O'Meara DPM, Sean (Dr.)  Contributor address; City; State; Z	ut-of-state PAC (ID#:	Self)		Amount of Contribution (\$)	\$255.00	
	Principal occu Podiatrist	El Paso, TX 79912 pation / Job title (See Instructions)		Employer (See Instructions Self	)			
	Date 01/03/2024	Full name of contributor on Ogunlana DPM, Babajide (Dr.)  Contributor address; City; State; Z		)		Amount of Contribution (\$)	\$100.00	
	'	Houston, TX 77077 pation / Job title (See Instructions)		Employer (See Instructions	)			
	Podiatrist  Date 01/24/2024	Full name of contributor on one of contributor on one of contributor on one of contributor on one of contributor address; City; State; Z Dallas, TX 75231	ut-of-state PAC (ID#:	Self		Amount of Contribution (\$)	\$10.00	
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	)			
	Date 01/23/2024	Full name of contributor on Perry DPM, Jacquelyn (Dr.)  Contributor address; City; State; Z  Kennedale, TX 76060	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00	
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	)			
			<u>.</u>					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 9/12	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 01/13/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	the Woodlands, TX 77381 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Podiatrist	,		Self	,		
	Date 01/21/2024	Full name of contributor out-of-state PAC (ID#:_ Pitts DPM, Megan (Dr.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$10.00
		Temple, TX 76502					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 01/15/2024	Full name of contributor out-of-state PAC (ID#:_Rhodus DPM, Charles (Dr.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00
		Tyler, TX 75703					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson DPM, Patrick (Dr.)  Contributor address; City; State; Zip Code  Temple, TX 76508		)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ Rogers DPM, Lee (Dr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78212	••••			Amount of Contribution (\$)	\$250.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 10/12		
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	ı Filers)	
4	Date 01/07/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$255.00	
8		El Paso, TX 79912 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)			
	Podiatrist  Date 01/17/2024	Contributor address; City; State; Zip Code		Self		Amount of Contribution (\$)	\$175.00	
	Principal occu Podiatrist	El Paso, TX 79925 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> ;)			
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Saucier DPM, Taylor (Dr.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$10.00	
	'	Houston, TX 77042 pation / Job title (See Instructions)		Employer (See Instructions	  -  s)			
	Podiatrist  Date 01/21/2024	Contributor address; City; State; Zip Code		Self		Amount of Contribution (\$)	\$10.00	
	Principal occu Podiatrist	Houston, TX 77080 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> 5)			
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID#:_ Shibuya DPM, Naohiro (Dr.)  Contributor address; City; State; Zip Code  Harlingen, TX 78550		)		Amount of Contribution (\$)	\$26.00	
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)			
		•						

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 11/12	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 01/02/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID# Sloan DPM, Martin (Dr.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$100.00
_		Rowlett, TX 75088	1-		_		
8	Principal occu podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions self	5)		
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID# Toole DPM, Roxanne (Dr.)  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$25.00
	Deinsinal assu	Conroe, TX 77304	_	Frankrija (Cara kashrija tara	<u></u>		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID# Treleven DPM, Kristen (Dr.)  Contributor address; City; State; Zip Code	:	)		Amount of Contribution (\$)	\$25.00
		Van Alstyne, TX 75495					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID# Wilks DPM, Alton Contributor address; City; State; Zip Code DeSota, TX 75115		)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> S)		
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID# Wisdom DPM, Jill (Dr.)  Contributor address; City; State; Zip Code  Plano, TX 75024	<u>,                                     </u>	)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	s)		
			•				

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 12/12	Texas Podiatric Medical PAC 00016210
4 Date	5 Payee name
01/23/2024	Button, Angie Chen (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P. O. Box 832748
Expenditure from	
corporate funds	Richardson, TX 75083
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
01/12/2024	De Moor, Carrie (Dr.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	8668 John Hickman Pkway
	Suite 505
Expenditure from	
corporate funds	Frisco, TX 75034
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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	campaign contribution
	oampaigh continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Payee name
01/11/2024	Phelan, Dade (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P O Box 848
Expenditure from corporate funds	Nederland, TX 77627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
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