

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00062672	2 Total pages filed: 48
3 COMMITTEE NAME DOCPAC of Texas		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/08/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd. Napa, CA 94558-0900	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Ms. Elizabeth NICKNAME LAST SUFFIX Healy	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd. Napa, CA 94558-0900	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd. Napa, CA 94558-0900	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (707) 226-0413	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 01/01/2024 THROUGH 06/30/2024	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME DOCPAC of Texas	13 Filer ID (Ethics Commission Filers) 00062672
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 57.50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,516.11
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,013.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 157,855.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Elizabeth Healy

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

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 48

17 COMMITTEE NAME DOCPAC of Texas		18 Filer ID (Ethics Commission Filers) 00062672
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,516.11
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	\$ 1,013.34
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2,724.74

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/41 Rpt: 4/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMP Finance <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-3906	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abo-Kayass, Ahmad (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-7755	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abo-Kayass, Ahmad (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-7755	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abreu-Lawrence, Charity (Dr.) <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-4529	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abreu-Lawrence, Charity (Dr.) <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-4529	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/41 Rpt: 5/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Timothy (Dr.)	7 Amount of Contribution (\$) \$133.34
6 Contributor address; City; State; Zip Code Benbrook, TX 76109-6961		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Afzal, Rabeea	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Katy, TX 77493-5160		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Afzal, Rabeea	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Katy, TX 77493-5160		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Syed (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Colleyville, TX 76034-1109		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Syed (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Colleyville, TX 76034-1109		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/41 Rpt: 6/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Shirley M	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76015-8314	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amir, Mohammad (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Richardson, TX 75082-4277	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amir, Mohammad (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Richardson, TX 75082-4277	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Dorian (Dr.)	Amount of Contribution (\$) \$66.66
	Contributor address; City; State; Zip Code McKinney, TX 75072-3308	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Dorian (Dr.)	Amount of Contribution (\$) \$66.67
	Contributor address; City; State; Zip Code McKinney, TX 75072-3308	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/41 Rpt: 7/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Miriam (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096-4224	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Miriam (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-4224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashnagar, Sajjad (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243-7159	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashnagar, Sajjad (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243-7159	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atique A Khan MD PA <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-6357	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/41 Rpt: 8/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 01/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Augustino, Tony <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75056-4952	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayyash, Noora (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2907	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayyash, Noora (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2907	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagnabana, Lawkpezi <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-4668	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagnabana, Lawkpezi <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-4668	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/41 Rpt: 9/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 03/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaber, William (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Heath, TX 75032-8875	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaber, William (Dr.) <hr/> Contributor address; City; State; Zip Code Heath, TX 75032-8875	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessey, Christopher (Dr.) <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-7062	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessey, Christopher (Dr.) <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-7062	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhayani, Nikhil (Dr.) <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-6317	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/41 Rpt: 10/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binur, Nir (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Port Arthur, TX 77642-8079	7 Amount of Contribution (\$) \$22.22
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binur, Nir (Dr.) <hr/> Contributor address; City; State; Zip Code Port Arthur, TX 77642-8079	Amount of Contribution (\$) \$22.22
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binur, Nir (Dr.) <hr/> Contributor address; City; State; Zip Code Port Arthur, TX 77642-8079	Amount of Contribution (\$) \$22.22
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binur, Nir (Dr.) <hr/> Contributor address; City; State; Zip Code Port Arthur, TX 77642-8079	Amount of Contribution (\$) \$22.22
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binur, Nir (Dr.) <hr/> Contributor address; City; State; Zip Code Port Arthur, TX 77642-8079	Amount of Contribution (\$) \$22.22
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/41 Rpt: 11/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blood, Jamon (Dr.) 6 Contributor address; City; State; Zip Code Flint, TX 75762-3809	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blood, Jamon (Dr.) Contributor address; City; State; Zip Code Flint, TX 75762-3809	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blood, Jamon (Dr.) Contributor address; City; State; Zip Code Flint, TX 75762-3809	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogdan, Michael (Dr.) Contributor address; City; State; Zip Code Grapevine, TX 76051-8001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brar DDS, Kamaljeet Contributor address; City; State; Zip Code Flower Mound, TX 75028-3251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/41 Rpt: 12/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 05/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brar DDS, Kamaljeet <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028-3251	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Lena (Dr.) <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510-7608	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Lena (Dr.) <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510-7608	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardona MD, Emilio <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-4515	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Javen (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240-2758	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/41 Rpt: 13/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 05/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Javen (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78240-2758	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Cecilia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78727-5753	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Cecilia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78727-5753	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanana, Nitin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Southlake, TX 76092-5908	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanana, Nitin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Southlake, TX 76092-5908	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/41 Rpt: 14/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 02/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Brian (Dr.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Temple, TX 76502-3356		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Brian (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Temple, TX 76502-3356		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deosarran, Kevin	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshmukh, Shweta (Dr.)	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Pearland, TX 77584-7418		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshmukh, Shweta (Dr.)	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Pearland, TX 77584-7418		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/41 Rpt: 15/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 03/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuBois, Holly (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78209-0512	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2912	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsherif, Ahmed	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cypress, TX 77433-3404	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsherif, Ahmed	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cypress, TX 77433-3404	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fagan, Fallon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77584-2169	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/41 Rpt: 16/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 02/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulkner, Mathue	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78759-7012		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floca, Frank (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78723-1411		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Evan (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109-2055		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Evan (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Fort Worth, TX 76109-2055		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GADDAM, SATISH	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code Frisco, TX 75035-0536		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/41 Rpt: 17/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUSTAFSON, ERIC <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76244-8510	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUSTAFSON, ERIC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-8510	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Patrick <hr/> Contributor address; City; State; Zip Code Albany, NY 12207	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ramon (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-4516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ramon (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-4516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/41 Rpt: 18/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glencross, Cynthia	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Houston, TX 77077-1760		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glencross, Philip (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77077-1760		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goetting, Bruce (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Yantis, TX 75497-2714		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goetting, Bruce (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Yantis, TX 75497-2714		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Daniel (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78746-4945		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/41 Rpt: 19/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 05/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Daniel (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78746-4945	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasan, Saad (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carrollton, TX 75010-1132	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasan, Saad (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carrollton, TX 75010-1132	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helton, Jason (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lubbock, TX 79424-8309	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Connor (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76244-9464	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/41 Rpt: 20/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Sylvia <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77018-4428	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Sylvia <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-4428	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Idell, Richard <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-4349	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Idell, Richard <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-4349	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iglesias, Michelle (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79925-6050	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/41 Rpt: 21/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 01/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Nazrul (Dr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750-3817	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Nazrul (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78750-3817	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Tonjolique (Dr.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Tonjolique (Dr.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARKHANIS, ARJUN	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Houston, TX 77007-3552	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/41 Rpt: 22/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 02/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Afshan (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746-3203	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krishnan, Vijay (Dr.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7152	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laboy Vazquez, Wilfredo (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-4302	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laboy Vazquez, Wilfredo (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-4302	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehig, Dustin <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-8660	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/41 Rpt: 23/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 03/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livingston, Kenneth (Dr.)	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code New Braunfels, TX 78131-1701		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livingston, Kenneth (Dr.)	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code New Braunfels, TX 78131-1701		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jorge (Dr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Dallas, TX 75230-6865		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez-Sepulveda, Jaxel (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Irving, TX 75061-2635		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez-Sepulveda, Jaxel (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Irving, TX 75061-2635		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/41 Rpt: 24/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 02/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Henry (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206-1212	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Henry (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-1212	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Suzanne (Dr.) <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-3089	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Suzanne (Dr.) <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-3089	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallik, Subodh (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Stockton, TX 79735-2515	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/41 Rpt: 25/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 06/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manasa, Poonam (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Austin, TX 78703-2838	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mascorro, Jeanna (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Galveston, TX 77551-6011	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew, Biju (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Garland, TX 75043-1147	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew, Biju (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Garland, TX 75043-1147	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, Maureen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Longview, TX 75605-6911	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/41 Rpt: 26/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, Maureen <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75605-6911	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Steffi (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75235-0169	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mentesana, Catherine (Dr.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-3717	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mentesana, Catherine (Dr.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-3717	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirza, Muhammad (Dr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-7399	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/41 Rpt: 27/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirza, Muhammad (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Frisco, TX 75034-7399	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Justin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79932-2547	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Justin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79932-2547	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montemayor, Ignacio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78229-3355	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jeremy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Waco, TX 76712-3804	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/41 Rpt: 28/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jeremy (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Waco, TX 76712-3804	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moser, Doreen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Grapevine, TX 76051-3501	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moszkowicz, Arie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78257-5081	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moszkowicz, Arie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78257-5081	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moszkowicz, Arie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78257-5081	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/41 Rpt: 29/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen Vo, Giang Nam (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77096-2502	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen Vo, Giang Nam (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-2502	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutis, Mario (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79925-7647	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutis, Mario (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79925-7647	Amount of Contribution (\$) \$66.66
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obi, Somto (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77051-2123	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/41 Rpt: 30/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 05/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obi, Somto (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77051-2123	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, David (Dr.) <hr/> Contributor address; City; State; Zip Code Live Oak, TX 78233-3144	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, David (Dr.) <hr/> Contributor address; City; State; Zip Code Live Oak, TX 78233-3144	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odumusi, Kolawole (Dr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761-4605	Amount of Contribution (\$) \$133.34
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odumusi, Kolawole (Dr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761-4605	Amount of Contribution (\$) \$133.34
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/41 Rpt: 31/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 02/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrinsky, Rina	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4472	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrinsky, Rina	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-4472	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAYNE, WILLIAM	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Houston, TX 77094-2919	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICHOT, MARK	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209-5732	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, William (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Conroe, TX 77304-1337	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/41 Rpt: 32/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 05/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, William (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Conroe, TX 77304-1337	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Lynda	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Burkett, TX 76828	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peng, Cong (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77584-8725	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peng, Cong (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77584-8725	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Karen	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kaufman, TX 75142-7361	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/41 Rpt: 33/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 06/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Karen <hr/> 6 Contributor address; City; State; Zip Code Kaufman, TX 75142-7361	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Doan (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-2753	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Doan (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-2753	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George (Dr.) <hr/> Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George (Dr.) <hr/> Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/41 Rpt: 34/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 02/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajendran, Karthikayan <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013-5335	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajendran, Karthikayan <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-5335	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Gautam (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-1013	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Gautam (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-1013	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ren, Jiaying (Dr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033-7675	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/41 Rpt: 35/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 05/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ren, Jiaying (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Frisco, TX 75033-7675	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Caleigh (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4736	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Caleigh (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4736	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Irene	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Shavano Park, TX 78249-2061	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sagullo, Raquel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Katy, TX 77494-1156	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/41 Rpt: 36/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 05/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sagullo, Raquel (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494-1156	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandhu, Ravneetinder (Dr.) <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077-1833	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandhu, Ravneetinder (Dr.) <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077-1833	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwalm, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495-2223	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwalm, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495-2223	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/41 Rpt: 37/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 03/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Anette (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78245-3174	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedrak, Joseph (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77019-1508	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedrak, Joseph (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77019-1508	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoemaker, Edward	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beeville, TX 78102-5346	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Asif (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78732-2089	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/41 Rpt: 38/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Asif (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78732-2089	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-1231	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jesse (Dr.) <hr/> Contributor address; City; State; Zip Code Cresson, TX 76035-5640	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jesse (Dr.) <hr/> Contributor address; City; State; Zip Code Cresson, TX 76035-5640	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stetzner, Larry (Dr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036-1419	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/41 Rpt: 39/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 01/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroud, China	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Arlington, TX 76005-4613		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroud, China	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Arlington, TX 76005-4613		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tai, Chia-Yin (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Allen, TX 75013-3356		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thang, Christopher (Dr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Houston, TX 77019-6185		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toledo, Minda (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Nederland, TX 77627		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/41 Rpt: 40/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 04/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toledo, Minda (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Nederland, TX 77627	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twyford, Mary (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wichita Falls, TX 76310	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Ernest (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Helotes, TX 78023-3633	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Ernest (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Helotes, TX 78023-3633	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandiver, William (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75214-3140	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/41 Rpt: 41/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 02/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanscoy-Pham, Jennifer (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Rosharon, TX 77583-5536	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanscoy-Pham, Jennifer (Dr.) <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583-5536	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varon, Jacobo (Dr.) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4045	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varon, Jacobo (Dr.) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4045	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varon, Jacobo (Dr.) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4045	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/41 Rpt: 42/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELLS, DAVID	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Allen, TX 75013-5007	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Melissa (Dr.)	Amount of Contribution (\$) \$66.66
	Contributor address; City; State; Zip Code Dallas, TX 75248-1401	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Melissa (Dr.)	Amount of Contribution (\$) \$66.67
	Contributor address; City; State; Zip Code Dallas, TX 75248-1401	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Johnny (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75225-3325	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wieck, Thomas (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77019-2461	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/41 Rpt: 43/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 04/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lorin (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Early, TX 76802-2130	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lorin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Early, TX 76802-2130	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worrell, Paul (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75254-8635	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worrell, Paul (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75254-8635	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yost, Allison (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75243-6312	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/41 Rpt: 44/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 05/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yost, Allison (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75243-6312	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhou, Tao (Dr.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Edinburg, TX 78539-4510	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhou, Tao (Dr.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Edinburg, TX 78539-4510	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 45/48	2 FILER NAME DOCPAC of Texas	3 Filer ID (Ethics Commission Filers) 00062672
4 Date 01/11/2024	5 Payee name Ayad, Martina	
6 Amount (\$) \$66.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1751 Lake Crest Ln Friendswood, TX 77546	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund of 11/14/23 Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of 11/14/23 Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2024	Payee name Ayad, Martina	
Amount (\$) \$66.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1751 Lake Crest Ln Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund of 8/16/23 Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of 8/16/23 Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/21/2024	Payee name Fiske, Lauren	
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1401 Lavaca St # 916 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund of 12/28/23 Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of 12/28/23 Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 46/48	2 FILER NAME DOCPAC of Texas	3 Filer ID (Ethics Commission Filers) 00062672
4 Date 05/17/2024	5 Payee name US Department of Treasury	
6 Amount (\$) \$830.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code Internal Revenue Service Center Ogden, UT 84201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2023 Tax Payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 47/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 01/09/2024	5 Name of person from whom amount is received Wells Fargo Bank	8 Amount (\$) \$437.07
	6 Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	7 Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/08/2024	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$453.69
	Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/08/2024	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$420.70
	Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/08/2024	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$471.19
	Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/08/2024	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$456.65
	Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 48/48
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 06/10/2024	5 Name of person from whom amount is received Wells Fargo Bank	8 Amount (\$) \$485.44
	6 Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	7 Purpose for which amount is received Bank Interest	

Check if political contribution returned to filer