

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|   |  |  |                                   |
|---|--|--|-----------------------------------|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |  | <b>1 Filer ID</b><br>(Ethics Commission Filers)<br>00016210  | <b>2 Total pages filed:</b><br>20 |
| <b>3 COMMITTEE NAME</b><br>Texas Podiatric Medical PAC  |  | <b>OFFICE USE ONLY</b>   |                                   |
|   |  | Date Received<br>ELECTRONICALLY FILED<br>07/11/2024  |                                   |
| <b>4 COMMITTEE ADDRESS</b><br><br><input type="checkbox"/> Change of Address                  |  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>918 Congress Ave., Ste. 200<br><br>Austin, TX 78701  |                                   |
|   |  | Date Hand-delivered or Date Postmarked   |                                   |
|   |  | Receipt #  | Amount                            |
|   |  | Date Processed   |                                   |
|   |  | Date Imaged  |                                   |
| <b>5 CAMPAIGN TREASURER NAME</b>  |  | MS / MRS / MR FIRST MI<br>Mrs. Melinda<br><br>NICKNAME LAST SUFFIX<br>Daise  |                                   |
| <b>6 CAMPAIGN TREASURER STREET ADDRESS</b><br><small>(Residence or Business)</small>          |  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>918 Congress Ave., Ste. 200<br><br>Austin, TX 78701   |                                   |
| <b>7 CAMPAIGN TREASURER MAILING ADDRESS</b><br><br><input type="checkbox"/> Change of Address |  | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>918 Congress Ave., Ste. 200<br><br>Austin, TX 78701  |                                   |
| <b>8 CAMPAIGN TREASURER PHONE</b>   |  | AREA CODE PHONE NUMBER EXTENSION<br>(512) 494-1123   |                                   |
| <b>9 REPORT TYPE</b>  |  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |                                   |
| <b>10 PERIOD COVERED</b>  |  | Month Day Year      Month Day Year<br>05/19/2024      THROUGH      06/30/2024  |                                   |
| <b>11 ELECTION</b>  |  | ELECTION DATE      ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br>11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special  |                                   |

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>Texas Podiatric Medical PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016210 |
|---|---|

|   |  |  |  |
|---|--|--|--|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                               |  |
|   |  | B. Opposed                                 |  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                               |  |
|   |  | B. Opposed                                 |  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | Rep. Elizabeth Campos State Representative |  |

|                                |  |              |
|--------------------------------|--|--------------|
| <b>15 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> | \$ 0.00      |
|                                | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold                                 |              |
|                                | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 6,462.00  |
| <b>EXPENDITURE TOTALS</b>      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ 0.00      |
|                                | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ 500.00    |
| <b>CONTRIBUTION BALANCE</b>    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 45,845.88 |
| <b>OUTSTANDING LOAN TOTALS</b> | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 0.00      |

**16 AFFIDAVIT**

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

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - GPAC

|   |   |   |
|---|---|---|
| <b>17 COMMITTEE NAME</b><br>Texas Podiatric Medical PAC |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00016210 |
| <b>19 SCHEDULE SUBTOTALS</b>                            |   | SUBTOTAL AMOUNT   |
|   | NAME OF SCHEDULE  |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 6,462.00   |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.  | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 10.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 500.00   |
| 11.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$  |
| 13.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 14.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 15.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>      |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/16 Rpt: 4/20 |
| <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC                    |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210 |
| <b>4</b> Date<br>06/27/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Armstrong, Greg (Mr.) | <b>7</b> Amount of Contribution (\$)<br>\$160.00         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Commerce City, CO 80022                                 |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Sales |  | <b>9</b> Employer (See Instructions)<br>Self             |
| Date<br>06/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Blum DPM, Donald (Dr.)         | Amount of Contribution (\$)<br>\$250.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Dallas, TX 75230   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist     |  | Employer (See Instructions)<br>Self                      |
| Date<br>06/28/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brancheau DPM, Paul (Dr.)      | Amount of Contribution (\$)<br>\$100.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Greenville, TX 75402   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist     |  | Employer (See Instructions)<br>self                      |
| Date<br>05/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brancheau DPM, Steven (Dr.)    | Amount of Contribution (\$)<br>\$100.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Greenville, TX 75401   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist     |  | Employer (See Instructions)<br>self                      |
| Date<br>05/30/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brancheau DPM, Steven (Dr.)    | Amount of Contribution (\$)<br>\$100.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Greenville, TX 75401   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist     |  | Employer (See Instructions)<br>self                      |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/16 Rpt: 5/20 |
| <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC                         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210 |
| <b>4</b> Date<br>06/12/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brancheau DPM, Steven (Dr.) | <b>7</b> Amount of Contribution (\$)                     |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Greenville, TX 75401  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Podiatrist |  | <b>9</b> Employer (See Instructions)<br>self             |
| Date<br>06/29/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brancheau DPM, Steven (Dr.)          | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Greenville, TX 75401   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |  | Employer (See Instructions)<br>self                      |
| Date<br>05/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brill DPM, Leon (Dr.)                | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Dallas, TX 75231   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |  | Employer (See Instructions)<br>Self                      |
| Date<br>06/14/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brill DPM, Leon (Dr.)                | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Dallas, TX 75231   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |  | Employer (See Instructions)<br>Self                      |
| Date<br>05/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brown DPM, Cory (Dr.)                | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Albany, TX 76430   |  |
| Principal occupation / Job title (See Instructions)<br>podiatrist          |  | Employer (See Instructions)<br>self                      |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>            |  | <b>1</b> Total pages Schedule A1:<br>Sch: 3/16 Rpt: 6/20                      |
| <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210                      |
| <b>4</b> Date<br>05/19/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bruyn DPM, Andrew (Dr.) | <b>7</b> Amount of Contribution (\$) <span style="float:right">\$25.00</span> |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78739 |  |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Podiatrist  |  | <b>9</b> Employer (See Instructions)<br>Self                                  |
| Date<br>06/15/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bruyn DPM, Andrew (Dr.)          | Amount of Contribution (\$) <span style="float:right">\$25.00</span>          |
| Contributor address; City; State; Zip Code<br><br>Austin, TX 78739          |  |   |
| Principal occupation / Job title (See Instructions)<br>Podiatrist           |  | Employer (See Instructions)<br>Self   |
| Date<br>05/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Butts DPM, Turner (Dr.)          | Amount of Contribution (\$) <span style="float:right">\$10.00</span>          |
| Contributor address; City; State; Zip Code<br><br>Spring, TX 77389          |  |   |
| Principal occupation / Job title (See Instructions)<br>Podiatrist           |  | Employer (See Instructions)<br>Self   |
| Date<br>06/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Butts DPM, Turner (Dr.)          | Amount of Contribution (\$) <span style="float:right">\$10.00</span>          |
| Contributor address; City; State; Zip Code<br><br>Spring, TX 77389          |  |   |
| Principal occupation / Job title (See Instructions)<br>Podiatrist           |  | Employer (See Instructions)<br>Self   |
| Date<br>06/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Caldwell DPM, Maureen (Dr.)      | Amount of Contribution (\$) <span style="float:right">\$500.00</span>         |
| Contributor address; City; State; Zip Code<br><br>Victoria, TX 77901        |  |   |
| Principal occupation / Job title (See Instructions)<br>Podiatrist           |  | Employer (See Instructions)<br>Self   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | 1 Total pages Schedule A1:<br>Sch: 4/16 Rpt: 7/20 |
| 2 FILER NAME<br>Texas Podiatric Medical PAC                         |   | 3 Filer ID (Ethics Commission Filers)<br>00016210 |
| 4 Date<br>05/19/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Campbell DPM, Neil (Dr.)   | 7 Amount of Contribution (\$) \$25.00             |
|   | 6 Contributor address; City; State; Zip Code<br><br>Yoakum, TX 77995  |   |
| 8 Principal occupation / Job title (See Instructions)<br>Podiatrist |   | 9 Employer (See Instructions)<br>Self             |
| Date<br>06/13/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Campbell DPM, Neil (Dr.)     | Amount of Contribution (\$) \$25.00               |
|   | Contributor address; City; State; Zip Code<br><br>Yoakum, TX 77995  |   |
| Principal occupation / Job title (See Instructions)<br>Podiatrist   |   | Employer (See Instructions)<br>Self               |
| Date<br>06/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Caporusso DPM, Joseph (Dr.)  | Amount of Contribution (\$) \$500.00              |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |   |
| Principal occupation / Job title (See Instructions)<br>podiatrist   |   | Employer (See Instructions)<br>self               |
| Date<br>05/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cerniglia DPM, Matthew (Dr.) | Amount of Contribution (\$) \$25.00               |
|   | Contributor address; City; State; Zip Code<br><br>Azle, TX 76020  |   |
| Principal occupation / Job title (See Instructions)<br>Podiatrist   |   | Employer (See Instructions)<br>Self               |
| Date<br>06/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cerniglia DPM, Matthew (Dr.) | Amount of Contribution (\$) \$25.00               |
|   | Contributor address; City; State; Zip Code<br><br>Azle, TX 76020  |   |
| Principal occupation / Job title (See Instructions)<br>Podiatrist   |   | Employer (See Instructions)<br>Self               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 5/16 Rpt: 8/20 |
| <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC                         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210 |
| <b>4</b> Date<br>06/12/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Churchwell DPM, Charles Stan (Dr.) | <b>7</b> Amount of Contribution (\$)                     |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Carrollton, TX 75010   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>podiatrist |   | <b>9</b> Employer (See Instructions)<br>self             |
| Date<br>06/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Churchwell DPM, Charles Stan (Dr.)          | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Carrollton, TX 75010  |  |
| Principal occupation / Job title (See Instructions)<br>podiatrist          |   | Employer (See Instructions)<br>self                      |
| Date<br>05/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Clawson DPM, Lacey (Dr.)                    | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Abilene, TX 79606   |  |
| Principal occupation / Job title (See Instructions)<br>podiatrist          |   | Employer (See Instructions)<br>self                      |
| Date<br>06/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Clawson DPM, Lacey (Dr.)                    | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Abilene, TX 79606   |  |
| Principal occupation / Job title (See Instructions)<br>podiatrist          |   | Employer (See Instructions)<br>self                      |
| Date<br>06/27/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Dodge, Matthew (Mr.)                        | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Brookfield, CT 06804  |  |
| Principal occupation / Job title (See Instructions)<br>sales               |   | Employer (See Instructions)<br>self                      |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 6/16 Rpt: 9/20 |
| <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC                         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210 |
| <b>4</b> Date<br>06/28/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Felix DPM, Frank (Dr.) | <b>7</b> Amount of Contribution (\$)                     |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>McGregor, TX 76657                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Podiatrist |   | <b>9</b> Employer (See Instructions)<br>Self             |
| Date<br>05/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fish DPM, Shay (Dr.)            | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78229   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                      |
| Date<br>06/11/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fish DPM, Shay (Dr.)            | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78229   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                      |
| Date<br>05/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gaynor-Elko DPM, Caroline (Dr.) | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78251   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                      |
| Date<br>06/25/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gaynor-Elko DPM, Caroline (Dr.) | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78251   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                      |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | 1 Total pages Schedule A1:<br>Sch: 7/16 Rpt: 10/20 |
| 2 FILER NAME<br>Texas Podiatric Medical PAC                         |   | 3 Filer ID (Ethics Commission Filers)<br>00016210  |
| 4 Date<br>05/23/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gunther DPM, David (Dr.) | 7 Amount of Contribution (\$) \$25.00              |
|   | 6 Contributor address; City; State; Zip Code<br><br>Houston, TX 77077   |  |
| 8 Principal occupation / Job title (See Instructions)<br>Podiatrist |   | 9 Employer (See Instructions)<br>Self              |
| Date<br>06/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gunther DPM, David (Dr.)   | Amount of Contribution (\$) \$25.00                |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77077   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist   |   | Employer (See Instructions)<br>Self                |
| Date<br>06/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Harvey DPM, Peter M. (Dr.) | Amount of Contribution (\$) \$100.00               |
|   | Contributor address; City; State; Zip Code<br><br>Wichita Falls, TX 76301                                     |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist   |   | Employer (See Instructions)<br>Self                |
| Date<br>06/28/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Huntsman DPM, Kevin (Dr.)  | Amount of Contribution (\$) \$200.00               |
|   | Contributor address; City; State; Zip Code<br><br>Fate, TX 75087  |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist   |   | Employer (See Instructions)<br>Self                |
| Date<br>05/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jacobs DPM, James (Dr.)    | Amount of Contribution (\$) \$50.00                |
|   | Contributor address; City; State; Zip Code<br><br>Katy, TX 77450  |  |
| Principal occupation / Job title (See Instructions)<br>podiatrist   |   | Employer (See Instructions)<br>Self                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | 1 Total pages Schedule A1:<br>Sch: 8/16 Rpt: 11/20 |
| 2 FILER NAME<br>Texas Podiatric Medical PAC                         |   | 3 Filer ID (Ethics Commission Filers)<br>00016210  |
| 4 Date<br>06/12/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jacobs DPM, James (Dr.)  | 7 Amount of Contribution (\$)<br><br>\$50.00       |
|   | 6 Contributor address; City; State; Zip Code<br><br>Katy, TX 77450  |  |
| 8 Principal occupation / Job title (See Instructions)<br>podiatrist |   | 9 Employer (See Instructions)<br>Self              |
| Date<br>05/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jenkins DPM, Suzanne (Dr.) | Amount of Contribution (\$)<br><br>\$25.00         |
|   | Contributor address; City; State; Zip Code<br><br>Hillsboro, TX 76645   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist   |   | Employer (See Instructions)<br>Self                |
| Date<br>06/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jenkins DPM, Suzanne (Dr.) | Amount of Contribution (\$)<br><br>\$25.00         |
|   | Contributor address; City; State; Zip Code<br><br>Hillsboro, TX 76645   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist   |   | Employer (See Instructions)<br>Self                |
| Date<br>05/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson DPM, Matthew (Dr.) | Amount of Contribution (\$)<br><br>\$50.00         |
|   | Contributor address; City; State; Zip Code<br><br>Coppell, TX 75019   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist   |   | Employer (See Instructions)<br>Self                |
| Date<br>06/23/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson DPM, Matthew (Dr.) | Amount of Contribution (\$)<br><br>\$50.00         |
|   | Contributor address; City; State; Zip Code<br><br>Coppell, TX 75019   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist   |   | Employer (See Instructions)<br>Self                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>      |  | <b>1</b> Total pages Schedule A1:<br>Sch: 9/16 Rpt: 12/20 |
| <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC                    |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210  |
| <b>4</b> Date<br>06/27/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kelly, Trent (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Carrollton, TX 75010 | <b>7</b> Amount of Contribution (\$) \$40.00              |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>sales |  | <b>9</b> Employer (See Instructions)<br>self              |
| Date<br>05/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Khavari DPM, Naghmeh Lilly (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75024          | Amount of Contribution (\$) \$50.00                       |
| Principal occupation / Job title (See Instructions)<br>Podiatrist     |  | Employer (See Instructions)<br>Self                       |
| Date<br>06/25/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Khavari DPM, Naghmeh Lilly (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75024          | Amount of Contribution (\$) \$50.00                       |
| Principal occupation / Job title (See Instructions)<br>Podiatrist     |  | Employer (See Instructions)<br>Self                       |
| Date<br>05/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>LaGrone DPM, Frances (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Sour Lake, TX 77659            | Amount of Contribution (\$) \$25.00                       |
| Principal occupation / Job title (See Instructions)<br>Podiatrist     |  | Employer (See Instructions)<br>Self                       |
| Date<br>06/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>LaGrone DPM, Frances (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Sour Lake, TX 77659            | Amount of Contribution (\$) \$25.00                       |
| Principal occupation / Job title (See Instructions)<br>Podiatrist     |  | Employer (See Instructions)<br>Self                       |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 10/16 Rpt: 13/20 |
| <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC                         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210   |
| <b>4</b> Date<br>05/19/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Legel DPM, Kennedy (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Keller, TX 76244   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Podiatrist |   | <b>9</b> Employer (See Instructions)<br>Self               |
| Date<br>06/14/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Legel DPM, Kennedy (Dr.)          | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Keller, TX 76244  |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |
| Date<br>06/29/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Liu DPM, George Tye (Dr.)         | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Dallas, TX 75301  |  |
| Principal occupation / Job title (See Instructions)<br>podiatrist          |   | Employer (See Instructions)<br>self                        |
| Date<br>06/28/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Margolis DPM, Scott (Dr.)         | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Houston, TX 77090-2611  |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |
| Date<br>06/27/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McAnelly DPM, Blake (Dr.)         | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Fair Oaks, TX 78015   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 11/16 Rpt: 14/20 |
| <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC                         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210   |
| <b>4</b> Date<br>06/28/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McCreary DPM, Jon (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76107                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Podiatrist |  | <b>9</b> Employer (See Instructions)<br>Self               |
| Date<br>06/27/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Melton DPM, C. Murph             | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78217  |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |  | Employer (See Instructions)<br>Self                        |
| Date<br>05/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Miller DPM, Jason C. (Dr.)       | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Kingwood, TX 77339   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |  | Employer (See Instructions)<br>Self                        |
| Date<br>06/15/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Miller DPM, Jason C. (Dr.)       | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Kingwood, TX 77339   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |  | Employer (See Instructions)<br>Self                        |
| Date<br>06/29/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moore DPM, Braden (Dr.)          | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Cleburne, TX 76033   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |  | Employer (See Instructions)<br>Self                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 12/16 Rpt: 15/20 |
| <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC                         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210   |
| <b>4</b> Date<br>06/30/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nava Jr. DPM, Samuel (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$250.00           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Carrollton, TX 75010   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Podiatrist |   | <b>9</b> Employer (See Instructions)<br>self               |
| Date<br>06/28/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nguyen DPM, Thanh (Dr.)             | Amount of Contribution (\$)<br>\$10.00                     |
|  | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78212   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |
| Date<br>05/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Perry DPM, Jacquelyn (Dr.)          | Amount of Contribution (\$)<br>\$25.00                     |
|  | Contributor address; City; State; Zip Code<br><br>Kennedale, TX 76060   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |
| Date<br>06/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Perry DPM, Jacquelyn (Dr.)          | Amount of Contribution (\$)<br>\$25.00                     |
|  | Contributor address; City; State; Zip Code<br><br>Kennedale, TX 76060   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |
| Date<br>06/29/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Phelps DPM, Robert (Dr.)            | Amount of Contribution (\$)<br>\$250.00                    |
|  | Contributor address; City; State; Zip Code<br><br>Tyler, TX 75709   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 13/16 Rpt: 16/20 |
| <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC                         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210   |
| <b>4</b> Date<br>05/21/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pitts DPM, Megan (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Temple, TX 76502   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Podiatrist |   | <b>9</b> Employer (See Instructions)<br>Self               |
| Date<br>06/21/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pitts DPM, Megan (Dr.)          | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Temple, TX 76502  |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |
| Date<br>05/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Robinson DPM, Patrick (Dr.)     | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Temple, TX 76508  |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |
| Date<br>06/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Robinson DPM, Patrick (Dr.)     | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Temple, TX 76508  |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |
| Date<br>05/24/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Saucier DPM, Taylor (Dr.)       | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Houston, TX 77042   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 14/16 Rpt: 17/20 |
| <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC                           |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210   |
| <b>4</b> Date<br>06/24/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Saucier DPM, Taylor (Dr.) | <b>7</b> Amount of Contribution (\$) \$10.00               |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77042 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Podiatrist   |   | <b>9</b> Employer (See Instructions)<br>Self               |
| Date<br>05/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schwartz DPM, Rebecca (Dr.)        | Amount of Contribution (\$) \$10.00                        |
| Contributor address; City; State; Zip Code<br><br>Houston, TX 77080          |   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist            |   | Employer (See Instructions)<br>Self                        |
| Date<br>05/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shibuya DPM, Naohiro (Dr.)         | Amount of Contribution (\$) \$26.00                        |
| Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78550        |   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist            |   | Employer (See Instructions)<br>Self                        |
| Date<br>06/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shibuya DPM, Naohiro (Dr.)         | Amount of Contribution (\$) \$26.00                        |
| Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78550        |   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist            |   | Employer (See Instructions)<br>Self                        |
| Date<br>05/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Toole DPM, Roxanne (Dr.)           | Amount of Contribution (\$) \$25.00                        |
| Contributor address; City; State; Zip Code<br><br>Conroe, TX 77304           |   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist            |   | Employer (See Instructions)<br>Self                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 15/16 Rpt: 18/20 |
| <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC                         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210   |
| <b>4</b> Date<br>06/23/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Toole DPM, Roxanne (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Conroe, TX 77304   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Podiatrist |   | <b>9</b> Employer (See Instructions)<br>Self               |
| Date<br>05/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Treleven DPM, Kristen (Dr.)       | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Van Alstyne, TX 75495   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |
| Date<br>06/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Treleven DPM, Kristen (Dr.)       | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Van Alstyne, TX 75495   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |
| Date<br>06/29/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ward DPM, Josh (Dr.)              | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>Davie, FL 33312   |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |
| Date<br>05/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilks DPM, Alton (Dr.)            | Amount of Contribution (\$)                                |
|  | Contributor address; City; State; Zip Code<br><br>DeSota, TX 75115  |  |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |   | Employer (See Instructions)<br>Self                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 16/16 Rpt: 19/20 |
| <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC                         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210   |
| <b>4</b> Date<br>06/23/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilks DPM, Alton (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>DeSota, TX 75115 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Podiatrist |  | <b>9</b> Employer (See Instructions)<br>Self               |
| Date<br>05/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wisdom DPM, Jill (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75024                    | Amount of Contribution (\$)<br><br>\$25.00                 |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |  | Employer (See Instructions)<br>self                        |
| Date<br>06/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wisdom DPM, Jill (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75024                    | Amount of Contribution (\$)<br><br>\$25.00                 |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |  | Employer (See Instructions)<br>self                        |
| Date<br>05/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wokasien DPM, Ronald L. (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78750            | Amount of Contribution (\$)<br><br>\$100.00                |
| Principal occupation / Job title (See Instructions)<br>podiatrist          |  | Employer (See Instructions)<br>Self                        |
| Date<br>06/27/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Young DPM, Andrew (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Victoria, TX 77904                | Amount of Contribution (\$)<br><br>\$40.00                 |
| Principal occupation / Job title (See Instructions)<br>Podiatrist          |  | Employer (See Instructions)<br>Self                        |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |             |
|---|---|---|-------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 20/20  | <b>2</b> FILER NAME<br>Texas Podiatric Medical PAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016210  |             |
| <b>4</b> Date<br>06/21/2024   | <b>5</b> Payee name<br>Campos, Elizabeth (Rep.)   |   |             |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1028 Rigsby<br><br>San Antonio, TX 78210   |   |             |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign contribution |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name   | Office sought   | Office held |