

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015622		2 Total pages filed: 65	
3 COMMITTEE NAME Texas Optometric PAC				<b>OFFICE USE ONLY</b>	
				Date Received ELECTRONICALLY FILED 08/04/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3011 N. Lamar Ste 300 Austin, TX 78705			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Ms. Brenda J.		Date Hand-delivered or Date Postmarked	
		NICKNAME LAST SUFFIX BJ Avery		Receipt # Amount	
		Date Processed			
		Date Imaged			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3011 N. Lamar Ste 300 Austin, TX 78705			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 707-2020			
9 REPORT TYPE		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE		<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input checked="" type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5			
11 PERIOD COVERED		Month Day Year THROUGH Month Day Year 06/26/2024 THROUGH 07/25/2024			

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Optometric PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00015622
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,337.20
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 464,431.00
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Ms. Brenda J. Avery  
\_\_\_\_\_  
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 - MPAC

<b>17 COMMITTEE NAME</b> Texas Optometric PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00015622
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27,337.20
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,995.79
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/60 Rpt: 4/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Acosta O.D., Celeste <hr/> <b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78023	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander O.D., Lindsey <hr/> Contributor address; City; State; Zip Code  Sunnyvale, TX 75182	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ali O.D., Mohsan <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen O.D., Mark <hr/> Contributor address; City; State; Zip Code  Atlanta, TX 75551	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allison O.D., Joseph <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77802	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/60 Rpt: 5/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Altig O.D., William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amador O.D., Nancy <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amin O.D., Opal <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amir O.D., Nancy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson O.D., Vanessa <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/60 Rpt: 6/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Annunziato O.D., Tom <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76008	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arora O.D., Rajan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75227	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arya O.D., Dimple <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aston II O.D., William <hr/> Contributor address; City; State; Zip Code  Ft Worth, TX 76179	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker O.D., Catherine <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77301	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/60 Rpt: 7/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barajas O.D., Juan	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barajas O.D., Juan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barber O.D., Matt	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Ft. Worth, TX 76116-5525		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes O.D., Sophia	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Houston, TX 77056		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barraza O.D., Jessica	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code  Killeen, TX 76542		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/60 Rpt: 8/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bashover O.D., Matthew	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76011		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bate O.D., Joy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Haslet, TX 76052		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernay O.D., Deborah	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  La Porte, TX 77571		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bhaga O.D., Sheetal	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Frisco, TX 75036		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bock O.D., Matthew	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Houston, TX 77063		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/60 Rpt: 9/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brantley O.D., Todd <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brending O.D., Gabrielle <hr/> Contributor address; City; State; Zip Code  Seabrook, TX 77586	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brinegar O.D., Vaughn <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brochetti O.D., Brenda <hr/> Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Broussard O.D., Wendy <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/60 Rpt: 10/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown O.D., Corwin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cleburne, TX 76003	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brownlee O.D., Chris <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bui O.D., Thoai <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75007	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bullard O.D., Heath <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burket O.D., Caitlin <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552	Amount of Contribution (\$)  \$5.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/60 Rpt: 11/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler O.D., W	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell O.D., Megan	Amount of Contribution (\$) \$26.00
Contributor address; City; State; Zip Code  Celina, TX 75009		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cargo O.D., Jon	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Irving, TX 75063		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castleberry O.D., Kim	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code  Plano, TX 75024		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Catuncan O.D., Jennifer	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Bedford, TX 76022		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/60 Rpt: 12/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Celico O.D., Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cerde O.D., Juan <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chang O.D., Sarah <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$52.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chen O.D., Alexander <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cherry O.D., Brian <hr/> Contributor address; City; State; Zip Code  Ft Worth, TX 76137	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/60 Rpt: 13/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheyne O.D., Chris	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Granbury, TX 76049	
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheyne O.D., Chris	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Granbury, TX 76049	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chu O.D., Victoria	Amount of Contribution (\$) \$52.00
	Contributor address; City; State; Zip Code  Austin, TX 78745	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cobb O.D., James	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79107	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colston O.D., Ben	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/60 Rpt: 14/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conley O.D., Alex <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76131	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conroy O.D., Scott <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77505	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conzor O.D., Bob <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75252	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Contaldi O.D., Mario <hr/> Contributor address; City; State; Zip Code  N. Richland Hills, TX 76180	Amount of Contribution (\$)  \$104.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornett O.D., John <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/60 Rpt: 15/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Correale O.D., Suzanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alvin, TX 77511	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cowan O.D., Steve <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cox O.D., Adam <hr/> Contributor address; City; State; Zip Code  Atlanta, TX 75551	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crowell O.D., Courtney <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culbertson O.D., Wayne <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/60 Rpt: 16/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cummings O.D., Kory	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Curtis O.D., Barry	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dabney O.D., Brandon	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Amarillo, TX 79102		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dang O.D., Thuyhong	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77007		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dao O.D., Mavis	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/60 Rpt: 17/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David O.D., Ashley <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Angelo, TX 76904	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis O.D., Mark <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dawn O.D., Rakich <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78215	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Jr O.D., Bob <hr/> Contributor address; City; State; Zip Code  Garland, TX 75041	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLoach O.D., Joe <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/60 Rpt: 18/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeMaggio O.D., Julie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mansfield, TX 76063	<b>7</b> Amount of Contribution (\$) \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeShaw O.D., Jonathan <hr/> Contributor address; City; State; Zip Code  Garland, TX 75042	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deakins O.D., Jennifer <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76135	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delay O.D., Richard <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78015	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delk O.D., Kyle <hr/> Contributor address; City; State; Zip Code  Port Neches, TX 77651	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/60 Rpt: 19/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennis O.D., Keith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Diaz O.D., Yvonne <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78541	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dinh O.D., David <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dolce O.D., Jackson <hr/> Contributor address; City; State; Zip Code  Port Neches, TX 77651	Amount of Contribution (\$)  \$5.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunnigan O.D., Shawn <hr/> Contributor address; City; State; Zip Code  Lumberton, TX 77657	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/60 Rpt: 20/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duong O.D., Nghiem <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75080	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) El Hage O.D., Sylvie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis O.D., John <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ermis O.D., Keith <hr/> Contributor address; City; State; Zip Code  Wharton, TX 77488	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eylar O.D., Crystal <hr/> Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/60 Rpt: 21/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ezzell O.D., Steven <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$52.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fandry O.D., Ellen <hr/> Contributor address; City; State; Zip Code  seabrook, TX 77586	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Feeser O.D., Michael <hr/> Contributor address; City; State; Zip Code  Huntingtown, MD 20639	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleitman O.D., Cynthia <hr/> Contributor address; City; State; Zip Code  Gainesville, TX 76240	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores O.D., Amador <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/60 Rpt: 22/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortenberry O.D., Sandra	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78023		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamini O.D., Safi	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Plano, TX 75093		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia O.D., Claudia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Houston, TX 77081		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza O.D., Janet	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77064		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee O.D., Kevin	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code  Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/60 Rpt: 23/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson O.D., David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79423	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez O.D., Jaime <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graham Hayter O.D., Paul <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray O.D., David <hr/> Contributor address; City; State; Zip Code  Midland, TX 79705	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray O.D., Jeannie <hr/> Contributor address; City; State; Zip Code  Midland, TX 79705	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/60 Rpt: 24/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greeman III O.D., Nelson <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greeman O.D., Kevin <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green O.D., Leigh <hr/> Contributor address; City; State; Zip Code  Woodway, TX 76712	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene O.D., Matthew <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenstein O.D., Karena <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75216	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/60 Rpt: 25/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall O.D., Jamie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wills Point, TX 75169	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammond O.D., Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson O.D., Mark <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper O.D., Ellener <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76131	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart O.D., Peggy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/60 Rpt: 26/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hartman O.D., Amy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Victoria, TX 77904	<b>7</b> Amount of Contribution (\$)  \$52.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harvey O.D., Cameo <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawari O.D., Andy <hr/> Contributor address; City; State; Zip Code  Mineola, TX 75773	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawkins O.D., Heidi <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heeg O.D., Paul <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/60 Rpt: 27/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hejny O.D., Whitney <hr/> <b>6</b> Contributor address; City; State; Zip Code  Miles, TX 76861	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Helbert-Green O.D., Carolyn <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henry O.D., Amy <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoang O.D., Bao <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoang O.D., Kathy <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/60 Rpt: 28/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hopping O.D., Desiree	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Friendswood, TX 77546		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hopping O.D., Ron	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutchins O.D., Jaclyn	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  San Antonio, TX 78257		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huynh O.D., Hieu	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75240		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johle O.D., Sarah	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Hutto, TX 78634		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/60 Rpt: 29/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson O.D., Murray	<b>7</b> Amount of Contribution (\$) \$400.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75287		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jolivette O.D., Nia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  San Antonio, TX 78229		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones O.D., Jeffrey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Longview, TX 75605		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan O.D., Emily	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78746		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karanges O.D., Gayle	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76005		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/60 Rpt: 30/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kemp O.D., Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77015-2310	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimball O.D., Leigh <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knight O.D., Millicent <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kocian O.D., Larry <hr/> Contributor address; City; State; Zip Code  Harker Heights, TX 76548	Amount of Contribution (\$)  \$104.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kodukula O.D., Dipa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 28/60 Rpt: 31/65
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuder O.D., Bryan	7 Amount of Contribution (\$) \$20.20
	6 Contributor address; City; State; Zip Code  Carrollton, TX 75007	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuykendall O.D., Traci	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Cleburne, TX 76033	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lagunas O.D., Claudio	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code  The Woodlands, TX 77382	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lam O.D., Sean	Amount of Contribution (\$) \$20.20
	Contributor address; City; State; Zip Code  Houston, TX 77075	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lambert O.D., Sawyer	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77008	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/60 Rpt: 32/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larry O.D., Gunnell	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le O.D., Anne	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Houston, TX 77072		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le O.D., Hoan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Spring, TX 76135		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le O.D., Lisa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemanski O.D., Sundra	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78727		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/60 Rpt: 33/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linh O.D., Linh ..... <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lou O.D., Oliver ..... Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ly O.D., Alexandra ..... Contributor address; City; State; Zip Code  Houston, TX 77082	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mai O.D., Kelly ..... Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maldonado O.D., Michael ..... Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/60 Rpt: 34/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maldonado O.D., Nicole <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin O.D., Joe <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin O.D., Michal <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez O.D., Michelle <hr/> Contributor address; City; State; Zip Code  Ft. Worth, TX 76244	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masters O.D., Trishna <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76006	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 32/60 Rpt: 35/65
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCarty O.D., Dennis	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Cedar Park, TX 78613	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McClain O.D., Christos	Amount of Contribution (\$) \$20.20
	Contributor address; City; State; Zip Code  College Station, TX 77845	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCormick O.D., Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78759	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCown O.D., Joshua	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Gatesville, TX 76528	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGowan O.D., Joseph	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78748-1051	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/60 Rpt: 36/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPherson O.D., Kimberly <hr/> <b>6</b> Contributor address; City; State; Zip Code  North Richland Hills, TX 76180	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Means O.D., Stephen <hr/> Contributor address; City; State; Zip Code  Huntsville, TX 77340	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery O.D., Brandi <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore O.D., Tory <hr/> Contributor address; City; State; Zip Code  Dumas, TX 79029	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mora O.D., David <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/60 Rpt: 37/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morozco O.D., Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78240	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mosbacher O.D., Diane <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mozdbar O.D., Sima <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murrell O.D., Jessica <hr/> Contributor address; City; State; Zip Code  Spring, TX 77002	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nailing O.D., Amy <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79107	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/60 Rpt: 38/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neiman O.D., Dellilah	<b>7</b> Amount of Contribution (\$) \$104.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newman O.D., Clarke	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code  Dallas, TX 75201		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newton O.D., Ronald	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Laredo, TX 78040		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Hai	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Portland, TX 78374		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Jenifer	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Addison, TX 75001		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/60 Rpt: 39/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Kimuyen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75082	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Long <hr/> Contributor address; City; State; Zip Code  Houston, TX 77059	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Quan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77072	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Steve <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75224	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Thai-An <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/60 Rpt: 40/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Tu	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77429		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Vicki	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Grand Prairie, TX 75054		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nichols O.D., Brian	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Mt Pleasant, TX 75455		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Brien O.D., Erica	Amount of Contribution (\$) \$104.00
Contributor address; City; State; Zip Code  Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Brien O.D., Lisa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/60 Rpt: 41/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ousley O.D., Bruce <hr/> <b>6</b> Contributor address; City; State; Zip Code  Highland Village, TX 75077	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Park O.D., Jon <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pass O.D., Hulon <hr/> Contributor address; City; State; Zip Code  Fort Stockton, TX 79735	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pass O.D., Joshua <hr/> Contributor address; City; State; Zip Code  Fort Stockton, TX 79735	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Ajay <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/60 Rpt: 42/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Neha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Nimisha <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Riyal <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Samir <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patrick O.D., Carey <hr/> Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/60 Rpt: 43/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pena O.D., Benny <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kerrville, TX 78028	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pepin O.D., Allison <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$52.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson O.D., Christopher <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75006	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson O.D., Savannah <hr/> Contributor address; City; State; Zip Code  Webster, TX 77598	Amount of Contribution (\$)  \$26.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Philip O.D., Blessy <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/60 Rpt: 44/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips O.D., Jeff <hr/> <b>6</b> Contributor address; City; State; Zip Code  Texarkana, TX 75503	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierce O.D., Jordan <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76177	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pillai O.D., Anith <hr/> Contributor address; City; State; Zip Code  Sugarland, TX 77479	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pollard O.D., Paige <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poole O.D., Brianne <hr/> Contributor address; City; State; Zip Code  Spicewood, TX 78669	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/60 Rpt: 45/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poole O.D., Mohan	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Marble Falls, TX 78654		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prapta O.D., Shawn	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prati O.D., Martin	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Houston, TX 77058		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Proske O.D., Paul	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Spring, TX 77379		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Proske O.D., Paul	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Spring, TX 77379		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/60 Rpt: 46/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pulpan O.D., Stephanie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Perryton, TX 79070	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinlivan O.D., Paige <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raley O.D., Audrey <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez O.D., Angie <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78582	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez O.D., Antonio <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/60 Rpt: 47/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ratcliff O.D., Reagan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Friendswood, TX 77546	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reneau O.D., Aaron <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77345	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds O.D., Samantha <hr/> Contributor address; City; State; Zip Code  Haslet, TX 76052	Amount of Contribution (\$)  \$52.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson O.D., Reid <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson O.D., Reid <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/60 Rpt: 48/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson O.D., Beth	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Friendswood, TX 77546		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson O.D., Nathaniel	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Lufkin, TX 75904		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez O.D., Jaime	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Weslaco, TX 78596		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rojas O.D., Luis	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75204		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosemore O.D., Corey	Amount of Contribution (\$)  \$20.20
Contributor address; City; State; Zip Code  Frisco, TX 75035		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/60 Rpt: 49/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosemore O.D., Ryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75033	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salchak O.D., Robert <hr/> Contributor address; City; State; Zip Code  Sugarland, TX 77479	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandberg O.D., Kyle <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sappington O.D., Amanda <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79119	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sawhney O.D., Dimple <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/60 Rpt: 50/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Segu O.D., Pat	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shandley O.D., Brian	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code  Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shannon O.D., Bridget	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Frisco, TX 75035		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shauger O.D., Susan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78727		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shidlofsky O.D., Charles	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Plano, TX 75024		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/60 Rpt: 51/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sianghio O.D., Leyden <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78255	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sitterle O.D., Scott <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slaughter O.D., Kim <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith O.D., Cameron <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sorrenson O.D., Laurie <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/60 Rpt: 52/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sosa O.D., Virginia	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens O.D., Nancy	Amount of Contribution (\$)  \$20.20
Contributor address; City; State; Zip Code  Pearland, TX 77581		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steven O.D., Kurtin	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code  Dallas, TX 75252		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strickland O.D., Clipper	Amount of Contribution (\$)  \$20.20
Contributor address; City; State; Zip Code  Big Spring, TX 79720		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Studebaker O.D., Emily	Amount of Contribution (\$)  \$5.20
Contributor address; City; State; Zip Code  Georgetown, TX 78626		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/60 Rpt: 53/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sturm O.D., Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78749	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan O.D., Mitchell <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor O.D., Alicia <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor O.D., Erin <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79110	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Terrell O.D., Jenny <hr/> Contributor address; City; State; Zip Code  Hurst, TX 76054	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/60 Rpt: 54/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thames O.D., Lacey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hutto, TX 78634	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas O.D., Jack <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas O.D., Jeff <hr/> Contributor address; City; State; Zip Code  Melissa, TX 75454	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson O.D., Melanie <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thornton O.D., Kristofer <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/60 Rpt: 55/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tilson O.D., Alan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75038	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tovias O.D., Mayra <hr/> Contributor address; City; State; Zip Code  Santa Fe, TX 77510	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Anthony <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Jessica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Joshua <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77407	Amount of Contribution (\$)  \$5.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/60 Rpt: 56/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Lori <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Toan <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trichel O.D., Jessica <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75503	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trinh O.D., Kim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tupa O.D., Faye <hr/> Contributor address; City; State; Zip Code  Ganado, TX 77962	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/60 Rpt: 57/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner O.D., Kimberly <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Twa O.D., Michael <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tybor O.D., David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tybor O.D., John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Upchurch O.D., Alan <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75070	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/60 Rpt: 58/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urizar O.D., Jocelyn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77077	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vasquez O.D., Celina <hr/> Contributor address; City; State; Zip Code  Palmview, TX 78572	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vaughn O.D., Jamel <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79416	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Voigt O.D., Kevin <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vorster O.D., Edward <hr/> Contributor address; City; State; Zip Code  Silsbee, TX 77656	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/60 Rpt: 59/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wagner O.D., Troy	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77382		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallace O.D., August	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Longview, TX 75603		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walters O.D., Mary Kate	Amount of Contribution (\$) \$104.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76008		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wampler O.D., Kim	Amount of Contribution (\$) \$104.00
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Way O.D., David	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Spring, TX 77379		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/60 Rpt: 60/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wedel O.D., Karl	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Cleburne, TX 76033		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West O.D., Jacob	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Flint, TX 75762		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiatrek O.D., Beverly	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78223		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiechmann O.D., Alexandra	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  San Antonio, TX 78209		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wild O.D., Tristan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78730		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/60 Rpt: 61/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilken O.D., Bret	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams O.D., Bryan	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Dallas, TX 75226		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams O.D., James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Joplin, MO 64804		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson O.D., Kent	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Terrell, TX 75160		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wineinger O.D., Jeffrey	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/60 Rpt: 62/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright O.D., David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seminole, TX 79360	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright O.D., Lance <hr/> Contributor address; City; State; Zip Code  Seminole, TX 79360	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yates O.D., Ashleigh <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$10.40
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yee O.D., Jamie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yeh O.D., Shihwei <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/60 Rpt: 63/65
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhang O.D., Joyce	<b>7</b> Amount of Contribution (\$) \$20.20
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
<b>Date</b> 07/15/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Zike O.D., Abigail	<b>Amount of Contribution (\$)</b> \$52.00
	<b>Contributor address; City; State; Zip Code</b>  College Station, TX 77845	
<b>Principal occupation / Job title (See Instructions)</b> Optometrist		<b>Employer (See Instructions)</b>

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/2 Rpt:	<b>2</b> FILER NAME Texas Optometric PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/25/2024	<b>5</b> Payee name Authorize.net	
<b>6</b> Amount (\$) 84.99 <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 808 E Utah Valley Dr American Fork, UT 84003	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 07/14/2024	Payee name Carriage House Partners	
Amount (\$) 6,250.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Hidden Trails Arlington, TX 76017	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Lobbyist
Date 07/16/2024	Payee name Clem, Mike	
Amount (\$) 512.61 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 10155 Shadyview Dallas, TX 75238	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	<b>(b)</b> Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 07/25/2024	Payee name Paypal	
Amount (\$) 450.39 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Payment fee



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 2/2 Rpt:	<b>2</b> FILER NAME Texas Optometric PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 07/23/2024	<b>5</b> Payee name QuickBooks Payments	
<b>6</b> Amount (\$) 697.80 <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 2632 Marine Way Mountain View, CA 94043	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Accounting Services & Bank Fees