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: 70
3	COMMITTEE NAME		•	OFFICE USE ONLY
	Texas Optometric I	PAC		Date Received
				ELECTRONICALLY FILED 09/02/2024
	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
	ADDRESS	3011 N. Lamar		
Ι.	_	Ste 300		
	Change of Address	Austin, TX 78705		Date Hand-delivered or Date Postmarked
	CAMPAIGN	MS / MRS / MR FIRST	MI	
	TREASURER NAME	Ms. Brenda J		Receipt # Amount
				Date Processed
		NICKNAME LAST	SUF	
		BJ Avery		Date Imaged
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
	TREASURER	3011 N. Lamar	ATT, SOIL #, CITT,	
	STREET ADDRESS	Ste 300		
	(Residence or Business)			
		Austin, TX 78705		
	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE
	MAILING			
·	ADDRESS			
	Change of Address			
	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
	TREASURER PHONE	(512) 707-2020		
		(,		
9	REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
			5 1 101y 5	October 5
	REPORT FILING DEADLINE	January 5 April	5 July 5	
		February 5 May	5 August 5	November 5
		March 5 June	2 5 X September 5	December 5
	PERIOD	Month Day Year	Mon THROUGH	th Day Year
	COVERED	07/26/2024	08/2	25/2024
		GO	TO PAGE 2	
For	ms provided by Tex	as Ethics Commission www.et	thics.state.tx.us	Version V4.1.0.48da51f7

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer	ID (Ethics Commission Filers)
Texas Optometric PAC			0001	5622
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	 POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold 		\$ 0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)		\$ 26,783.20
EXPENDITURE TOTALS		POLITICAL EXPENDITURES	,	\$ 0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$ 36,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LA G PERIOD	AST DAY	\$ 479,862.85
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS (REPORTING PERIOD	OF THE	\$ 0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty o true and correct and includes all ir under Title 15, Election Code.		
			renda J. Av	-
		Signature of	⁻ Campaign T	IEASUIEI
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said		_, this the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title	of officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

รเ	JBT	OTALS - MPAC	C		FORM MPAC
					3 of 70
		EE NAME tometric PAC	18 Filer ID 00015622	(Ethics	s Commission Filers)
		E SUBTOTALS SCHEDULE		s	UBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	26,783.20
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	36,500.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	10,578.76
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:	
			Sch: 1/59 Rpt: 4/70	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
Texas Optor			00015622	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/15/2024	Acosta O.D., Celeste			\$50.00
	6 Contributor address; City; State; Zip Code			
	Helotes, TX 78023			
Princinal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
Optometrist			' /	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
08/15/2024	Alexander O.D., Lindsey	/		\$100.00
00,10,202	Contributor address; City; State; Zip Code			\$100.0 2
	Sunnyvale, TX 75182			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/15/2024	Ali O.D., Mohsan			\$20.20
	Contributor address; City; State; Zip Code			
	Pearland, TX 77584			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/15/2024	Allen O.D., Mark			\$50.00
	Contributor address; City; State; Zip Code			
Dringing ago	Atlanta, TX 75551		<u> </u>	
Optometrist	upation / Job title (See Instructions)	Employer (See Instructions	;)	
-			T	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	***** 00
08/15/2024	Allison O.D., Joseph			\$200.00
	Contributor address; City; State; Zip Code			
	Bryan, TX 77802			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Optometrist			·)	

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 2/59 Rpt: 5/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor Out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	08/15/2024	Amador O.D., Nancy				\$100.00
	ļ	6 Contributor address; City; State; Zip Code		·		
	ļ					
	ļ	1				
		Leander, TX 78641				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
\vdash	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	08/15/2024	Amin O.D., Opal				\$50.00
				1		
	ļ					
		1				
		Austin, TX 78730				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
╞	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	08/15/2024	Amir O.D., Nancy				\$100.00
	ļ	Contributor address; City; State; Zip Code				
		1				
	ļ	1				
		San Antonio, TX 78240				
	-	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	T	Amount of Contribution (\$)	
	08/15/2024	Anderson O.D., Vanessa				\$100.00
		Contributor address; City; State; Zip Code		1		
	ļ	1				
		1				
		Amarillo, TX 79109				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
Γ	Date	Full name of contributor 🔲 out-of-state PAC (ID#	#:)	Τ	Amount of Contribution (\$)	
	08/15/2024	Annunziato O.D., Tom				\$200.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ	1				
	ļ	1				
		Fort Worth, TX 76008	- i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					

	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 3/59 Rpt: 6/70	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Texas Opton	netric PAC			00015622	-
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Arora O.D., Rajan				\$50.00
	1	6 Contributor address; City; State; Zip Code		"		
	ļ					
		Dallas, TX 75227	<u> </u>			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
	Date		C (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Arya O.D., Dimple				\$50.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Sugar Land, TX 77479				
<u> </u>	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Optometrist			5)		
╞	Date	Full name of contributor Out-of-state PAC		Т	Amount of Contribution (\$)	
	08/15/2024	Full name of contributor out-of-state PAC Out-of-state PAC	J (ID#:)			\$100.00
	00/10/2027					Ψ100.00
		Continuation address, Gity, State, Zip Code				
	ļ					
	1	Ft Worth, TX 76179				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC	C (ID#:)	T	Amount of Contribution (\$)	
	08/15/2024	Baker O.D., Catherine				\$50.00
	ļ	Contributor address; City; State; Zip Code		"		
	1					
	1	Octored TV 77201				
	Dringinal occu	Conroe, TX 77301 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			5)		
╞				T	Amount of Contribution (\$)	
	Date 08/15/2024	Full name of contributor Dut-of-state PAC Darajas O.D., Juan	C (ID#:)		Amount of Contribution (\$)	\$50.00
	00/10/2027	-				φυ0.00
		Contributor address; City; State; Zip Code				
	ļ					
		Mission, TX 78572				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
			I			
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	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/59 Rpt: 7/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Barajas O.D., Juan				\$50.00
		6 Contributor address; City; State; Zip Code				
		Mission, TX 78572				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Barber O.D., Matt				\$50.00
		Contributor address; City; State; Zip Code				
		Ft. Worth, TX 76116-5525				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Barnes O.D., Sophia				\$200.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77056				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Barraza O.D., Jessica				\$30.00
		Contributor address; City; State; Zip Code				
		Killeen, TX 76542				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Bashover O.D., Matthew				\$50.00
		Contributor address; City; State; Zip Code				
⊢	<u> </u>	Arlington, TX 76011		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
1						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/59 Rpt: 8/70	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	;)
Texas Optor	netric PAC		00015622	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/15/2024	Bate O.D., Joy		\$50	0.00
	6 Contributor address; City; State; Zip Code			
	Haslet, TX 76052			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Optometrist			, ,	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/15/2024	Bernay O.D., Deborah	······································	\$200	0.00
	Contributor address; City; State; Zip Code			
	La Porte, TX 77571			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Optometrist				
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/15/2024	Bock O.D., Matthew		\$20	0.20
	Contributor address; City; State; Zip Code			
	Houston, TX 77063			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Optometrist			,	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/15/2024	Brantley O.D., Todd	······································	\$100	0.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75024			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/15/2024	Brending O.D., Gabrielle		\$5	5.00
	Contributor address; City; State; Zip Code			
	Sashraak TX 77596			
Drincipal occur	Seabrook, TX 77586 Ipation / Job title (See Instructions)	Employer (See Instructions		
Optometrist			7	
optometrist				

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/59 Rpt: 9/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Brinegar O.D., Vaughn				\$20.20
		6 Contributor address; City; State; Zip Code		1		
		Cedar Park, TX 78613				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Brochetti O.D., Brenda				\$20.20
		Contributor address; City; State; Zip Code		1		
		Plano, TX 75075				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:	·)		Amount of Contribution (\$)	
	08/15/2024	Brown O.D., Corwin				\$100.00
		Contributor address; City; State; Zip Code		1		
		Cleburne, TX 76003				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Brownlee O.D., Chris				\$400.00
		Contributor address; City; State; Zip Code		1		
		Galveston, TX 77550				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Bui O.D., Thoai				\$100.00
		Contributor address; City; State; Zip Code]		
		Cedar Park, TX 78613	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

The Instruction Guide explains how to complete this form. Sch: 7/ 2 FILER NAME Texas Optometric PAC 3 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 08/15/2024 Bullard O.D., Heath 6 Contributor address; City; State; Zip Code 7 Cleburne, TX 76033 Cleburne, TX 76033 7 7	ages Schedule A1: (59 Rpt: 10/70 (Ethics Commission Filers) 622 of Contribution (\$) \$100.00
Texas Optowetric PAC 000156 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount 08/15/2024 Bullard O.D., Heath 6 Contributor address; City; State; Zip Code 7 Amount Cleburne, TX 76033 Cleburne, TX 76033 7 Amount	622 of Contribution (\$)
Texas Optowetric PAC 000156 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount 08/15/2024 Bullard O.D., Heath 6 Contributor address; City; State; Zip Code 7 Cleburne, TX 76033	622 of Contribution (\$)
08/15/2024 Bullard O.D., Heath 6 Contributor address; City; State; Zip Code Cleburne, TX 76033	
08/15/2024 Bullard O.D., Heath 6 Contributor address; City; State; Zip Code Cleburne, TX 76033	
6 Contributor address; City; State; Zip Code Cleburne, TX 76033	
Cleburne, TX 76033	
8Principal occupation / Job title (See Instructions)9Employer (See Instructions)	
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:) Amount	of Contribution (\$)
08/15/2024 Burket O.D., Caitlin	\$5.20
Contributor address; City; State; Zip Code	
Harlingen, TX 78552	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:) Amount	of Contribution (\$)
08/15/2024 Butler O.D., W	\$50.00
Contributor address; City; State; Zip Code	
	of Contribution (\$)
08/15/2024 Campbell O.D., Megan	\$26.00
Contributor address; City; State; Zip Code	
Celina, TX 75009	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Ontomatrist	
Optometrist	
Date Full name of contributor out-of-state PAC (ID#:) Amount	of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount 08/15/2024 Cargo O.D., Jon	of Contribution (\$) \$200.00
Date Full name of contributor out-of-state PAC (ID#:) Amount	
Date Full name of contributor out-of-state PAC (ID#:) Amount 08/15/2024 Cargo O.D., Jon	
Date Full name of contributor out-of-state PAC (ID#:) Amount 08/15/2024 Cargo O.D., Jon Contributor address; City; State; Zip Code Amount	
Date Full name of contributor out-of-state PAC (ID#:) Amount 08/15/2024 Cargo O.D., Jon Contributor address; City; State; Zip Code Irving, TX 75063	
Date Full name of contributor out-of-state PAC (ID#:) Amount 08/15/2024 Cargo O.D., Jon Contributor address; City; State; Zip Code Inving, TX 75063 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount 08/15/2024 Cargo O.D., Jon Contributor address; City; State; Zip Code Irving, TX 75063	
08/15/2024 Campbell O.D., Megan	.,

L				
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 8/59 Rpt: 11/70
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Optor	netric PAC		00015622
4	Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)
	08/15/2024	Castleberry O.D., Kim		\$400.00
		6 Contributor address; City; State; Zip Code		1
		Plano, TX 75024		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#	£:)	Amount of Contribution (\$)
	08/15/2024			\$50.00
		Contributor address; City; State; Zip Code		
		Bedford, TX 76022		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Optometrist			5)
╞	-	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (Å)
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID# Celico O.D., Brian		Amount of Contribution (\$) \$50.00
	00/13/2024			
		Contributor address; City; State; Zip Code		
		Dallas, TX 75231		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Optometrist			
⊨	Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
	08/15/2024	Cerda O.D., Juan		\$400.00
		Contributor address; City; State; Zip Code		•
		McAllen, TX 78501	-	
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Optometrist			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	ť:)	Amount of Contribution (\$)
	08/15/2024	Chang O.D., Sarah		\$52.00
		Contributor address; City; State; Zip Code		
	Daimetra	Houston, TX 77080		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
\vdash	Optometrist			

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/59 Rpt: 12/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Chen O.D., Alexander				\$100.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77004				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Cherry O.D., Brian				\$200.00
		Contributor address; City; State; Zip Code				
		Ft Worth, TX 76137				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Cheyne O.D., Chris				\$200.00
		Contributor address; City; State; Zip Code				
		Granbury, TX 76049				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Cheyne O.D., Chris				\$200.00
		Contributor address; City; State; Zip Code				
		Granbury, TX 76049				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Chu O.D., Victoria				\$52.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78745				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					

The Instruction Guide explains how to co	mplete this form. 1 Total pages Schedule A1: Sch: 10/59 Rpt: 13/70
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Optometric PAC	00015622
4 Date 5 Full name of contributor out	of-state PAC (ID#:) 7 Amount of Contribution (\$)
08/15/2024 Cobb O.D., James	\$50.00
6 Contributor address; City; State; Zip	
Amarillo, TX 79107	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Optometrist	
Date Full name of contributor out	of-state PAC (ID#:) Amount of Contribution (\$)
08/15/2024 Colston O.D., Ben	\$50.00
Contributor address; City; State; Zip	Code
Arlington, TX 76013	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	
Date Full name of contributor out	of-state PAC (ID#:) Amount of Contribution (\$)
08/15/2024 Conley O.D., Alex	\$50.00
Contributor address; City; State; Zip	Code
Fort Worth, TX 76131	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	
	of-state PAC (ID#:) Amount of Contribution (\$)
08/15/2024 Conroy O.D., Scott	\$100.00
Contributor address; City; State; Zip	Code
Decedona TV 77505	
Pasadena, TX 77505	
Principal occupation / Job title (See Instructions) Optometrist	Employer (See Instructions)
	of-state PAC (ID#:) Amount of Contribution (\$)
08/15/2024 Consor O.D., Bob	\$50.00
Contributor address; City; State; Zip	Code
Dallas, TX 75252	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 11/59 Rpt: 14/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC		1	00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Contaldi O.D., Mario				\$104.00
	1	6 Contributor address; City; State; Zip Code		1		
		N. Richland Hills, TX 76180	_			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:_)	<u>،</u> [Amount of Contribution (\$)	
	08/15/2024	Cornett O.D., John]		\$200.00
	ļ	Contributor address; City; State; Zip Code]		
	ļ					
		Amarillo, TX 79109				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	Optometrist			5,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
	08/15/2024	Correale O.D., Suzanne	/	'		\$50.00
	00/10/2021	Contributor address; City; State; Zip Code		•		Ψ00.00
		Alvin, TX 77511				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:_)	, I	Amount of Contribution (\$)	
	08/15/2024	Cowan O.D., Steve				\$100.00
	1	Contributor address; City; State; Zip Code		1		
	1					
		Amarillo, TX 79109				
_	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u>		
	Optometrist			5)		
╞	Date	Full name of contributor out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
	08/15/2024	Full name of contributor out-of-state PAC (ID#: Cox O.D., Adam	/	'		\$50.00
	00/10/21	Contributor address; City; State; Zip Code		•		+
	ļ					
	ſ	Atlanta, TX 75551				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
			•			

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 12/59 Rpt: 15/70
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Opton	netric PAC		00015622
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	08/15/2024	Crowell O.D., Courtney		\$50.00
		6 Contributor address; City; State; Zip Code		
	ļ			
	ļ			
		Fort Worth, TX 76107		
8		pation / Job title (See Instructions)	9 Employer (See Instructions)	3)
	Optometrist			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	08/15/2024	Culbertson O.D., Wayne		\$50.00
	ł	Contributor address; City; State; Zip Code		
	ļ			
	ļ	Dallas, TX 75225		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
	Optometrist			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	08/15/2024	Cummings O.D., Kory		\$50.00
	ļ	Contributor address; City; State; Zip Code		
	ļ			
	ļ			
		Fort Worth, TX 76107		
		pation / Job title (See Instructions)	Employer (See Instructions)	\$)
	Optometrist			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	08/15/2024	Curtis O.D., Barry		\$200.00
	ł	Contributor address; City; State; Zip Code		
	ļ			
		Frisco, TX 75034		
		pation / Job title (See Instructions)	Employer (See Instructions)	
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	08/15/2024	Dabney O.D., Brandon		\$100.00
	1	Contributor address; City; State; Zip Code		
	ļ			
	ļ			
		Amarillo, TX 79102		
Γ		pation / Job title (See Instructions)	Employer (See Instructions)	\$)
	Optometrist			

			1 Total pages Schedule A1:	
The Instru	ction Guide explains how to complete this f	orm.	Sch: 13/59 Rpt: 16/70	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Texas Optor	netric PAC		00015622	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/15/2024	Dang O.D., Thuyhong			\$50.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77007			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/15/2024	Dao O.D., Mavis			\$20.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77584			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/15/2024	David O.D., Ashley			\$200.00
	Contributor address; City; State; Zip Code			
	San Angelo, TX 76904			
-	pation / Job title (See Instructions)	Employer (See Instructions)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/15/2024	Davis O.D., Mark			\$100.00
	Contributor address; City; State; Zip Code			
	San Antonia TX 78250			
Dringinglagg	San Antonio, TX 78259 pation / Job title (See Instructions)	Employer (Cap Instructions	\ \	
Optometrist		Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	¢50.00
08/15/2024	Dawn O.D., Rakich			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78215			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Optometrist			,	

	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 14/59 Rpt: 17/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (IE)	7	Amount of Contribution (\$)	
	08/15/2024	Day, Jr O.D., Bob				\$200.00
	l	6 Contributor address; City; State; Zip Code		·		
	l					
	l					
	I	Garland, TX 75041				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (IE	D#:)	Τ	Amount of Contribution (\$)	
	08/15/2024	DeLoach O.D., Joe				\$100.00
	l	Contributor address; City; State; Zip Code				
	I					
	I					
		Dallas, TX 75219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (II	 D#:)		Amount of Contribution (\$)	
	08/15/2024	DeMaggio O.D., Julie				\$20.20
	1	Contributor address; City; State; Zip Code		"		
	I					
	I					
		Mansfield, TX 76063				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC (IE	D#:)	T	Amount of Contribution (\$)	
	08/15/2024	DeShaw O.D., Jonathan				\$50.00
	I	Contributor address; City; State; Zip Code		"		
	I					
	I					
		Garland, TX 75042				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
Γ	Date	Full name of contributor 🔲 out-of-state PAC (IE	D#:)	Τ	Amount of Contribution (\$)	
	08/15/2024	Deakins O.D., Jennifer				\$200.00
	I	Contributor address; City; State; Zip Code		"		
	I					
	I					
		Fort Worth, TX 76135				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					

		ĺ	1 Total pages Schedule A1:	
The Instru	ction Guide explains how to complete this	s form.	Sch: 15/59 Rpt: 18/70	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
Texas Optor	netric PAC		00015622	
4 Date	5 Full name of contributor out-of-state PAC (ID:	#:)	7 Amount of Contribution (\$)	
08/15/2024	Delay O.D., Richard			\$200.00
	6 Contributor address; City; State; Zip Code		•	
	Boerne, TX 78015			
	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)	
08/15/2024	Delk O.D., Kyle			\$25.00
	Contributor address; City; State; Zip Code			
	Port Neches, TX 77651			
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Optometrist				
Date	Full name of contributor Dut-of-state PAC (ID:	#:)	Amount of Contribution (\$)	
08/15/2024	Dennis O.D., Keith			\$100.00
	Contributor address; City; State; Zip Code			
	Davied Deals TV 70664			
Driv singlages	Round Rock, TX 78664		<u> </u>	
Optometrist	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
	T		T	
Date	Full name of contributor Out-of-state PAC (ID))#:)	Amount of Contribution (\$)	± · · · · · · · · · · · · · · · · · · ·
08/15/2024	Diaz O.D., Yvonne			\$100.00
	Contributor address; City; State; Zip Code			
	Edinburg, TX 78541			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Optometrist			5)	
-			Δ maximum of Contribution (Φ)	
Date 08/15/2024	Full name of contributor out-of-state PAC (ID: Dinh O.D., David	#:)	Amount of Contribution (\$)	\$100.00
00/10/2024				Φ100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75206			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ג)	
Optometrist			5)	

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 16/59 Rpt: 19/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	08/15/2024	Dolce O.D., Jackson				\$5.20
		6 Contributor address; City; State; Zip Code		1		
		Port Neches, TX 77651				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Dunnigan O.D., Shawn				\$200.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Lumberton, TX 77657				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
⊢	Date	Full name of contributor out-of-state PAC (ID#:	:)	Ι	Amount of Contribution (\$)	
	08/15/2024	Duong O.D., Nghiem				\$75.00
	ļ	Contributor address; City; State; Zip Code		1		
		······				
	ļ					
		Richardson, TX 75080				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
╞	Date	Full name of contributor out-of-state PAC (ID#:	:)	Τ	Amount of Contribution (\$)	
	08/15/2024	El Hage O.D., Sylvie				\$100.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Houston, TX 77056				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Ellis O.D., John				\$100.00
	Contributor address; City; State; Zip Code			1		
	ļ					
		El Paso, TX 79902				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 17/59 Rpt: 20/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (IE)	7	Amount of Contribution (\$)	
	08/15/2024	Ermis O.D., Keith				\$50.00
	ļ	6 Contributor address; City; State; Zip Code		1		
		1				
	ļ	Wharton, TX 77488				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (IE	D#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Eylar O.D., Crystal				\$100.00
		Contributor address; City; State; Zip Code		1		
	ļ	1				
	ļ	1				
		Allen, TX 75002				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC (IE		Γ	Amount of Contribution (\$)	
	08/15/2024	Ezzell O.D., Steven				\$52.00
		Contributor address; City; State; Zip Code		1		
	ļ	1				
		1				
		Abilene, TX 79601				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC (IE	D#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Fandry O.D., Ellen				\$50.00
	ļ	Contributor address; City; State; Zip Code]		
	ļ	1				
	<u> </u>	seabrook, TX 77586		Ĺ		
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	08/15/2024	Feeser O.D., Michael]		\$20.20
		Contributor address; City; State; Zip Code]		
	ļ	1				
		Listingtown ND 20620				
		Huntingtown, MD 20639				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 18/59 Rpt: 21/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	-
4	Date 08/15/2024	5 Full name of contributor out-of-state PAC (ID#: Fleitman O.D., Cynthia)	7	Amount of Contribution (\$)	\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Gainesville, TX 76240				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	l)	Γ	Amount of Contribution (\$)	
	08/15/2024	Flores O.D., Amador			• •	\$100.00
		Contributor address; City; State; Zip Code		1		
		Laredo, TX 78041				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	Optometrist	, salon, coo allo (coo		-,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Т	Amount of Contribution (\$)	
	08/15/2024	Fortenberry O.D., Sandra			Allount of Continuation (+)	\$50.00
	00,10,202	Contributor address; City; State; Zip Code		-		400.02
		Helotes, TX 78023				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist			_		
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	08/15/2024	Gamini O.D., Safi				\$20.20
		Contributor address; City; State; Zip Code				
⊢	Dringing oog	Plano, TX 75093	Employer (Cool Instructions	<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/15/2024	Garcia O.D., Claudia				\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77081				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					

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	The Instruc	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 19/59 Rpt: 22/70		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	08/15/2024	Garza O.D., Janet				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77064				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Gee O.D., Kevin				\$400.00
		Contributor address; City; State; Zip Code		1		
		Missouri City, TX 77459				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Gibson O.D., David				\$50.00
		Contributor address; City; State; Zip Code		1		
		Lukhaale TV 70422				
	Drizzinal agou	Lubbock, TX 79423	Employer (Cap Instructions	<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╘			<u> </u>	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢100.00
	08/15/2024	Gonzalez O.D., Jaime				\$100.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75093				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ه)		
	Optometrist	Salon / Coo and (Coo	p.oj (,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	08/15/2024	Graham Hayter O.D., Paul	/			\$200.00
	00,10,202	Contributor address; City; State; Zip Code		ł		Ψ L 00.0.
		Irving, TX 75063				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist	-				
⊢						

			this form	1	Total pages Schedule A1:	
		ction Guide explains how to complete	; this form.		Sch: 20/59 Rpt: 23/70	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor Out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Gray O.D., David				\$50.00
		6 Contributor address; City; State; Zip Code				
		Midland, TX 79705				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	L s)		
-	Optometrist			-,		
-	Date	Full name of contributor out-of-state PA	AC (ID#:)	Τ	Amount of Contribution (\$)	
	08/15/2024	Gray O.D., Jeannie				\$50.00
	I			·		
		Midland, TX 79705				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Optometrist					
	Date	Full name of contributor out-of-state PA	AC (ID#:)	T	Amount of Contribution (\$)	
	08/15/2024	Greeman III O.D., Nelson				\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78212				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Optometrist	Salon / CO2 and (CO2 monthering)		ς,		
⊨	Date	Full name of contributor out-of-state PA	AC (ID#:)	Т	Amount of Contribution (\$)	
	08/15/2024	Greeman O.D., Kevin	,		, and an extended a contraction (1)	\$50.00
		Contributor address; City; State; Zip Code		·		-
L		San Antonio, TX 78212				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Optometrist					
	Date	Full name of contributor out-of-state PA	AC (ID#:)	T	Amount of Contribution (\$)	
	08/15/2024	Green O.D., Leigh				\$100.00
		Contributor address; City; State; Zip Code				
		Woodway, TX 76712				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
	Optometrist			5)		
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	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 21/59 Rpt: 24/70	
2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Texas Opton	netric PAC		00015622
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
	08/15/2024	Greene O.D., Matthew		\$200.00
	ļ	6 Contributor address; City; State; Zip Code		•
		College Station, TX 77845		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Optometrist			
F	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	08/15/2024	Greenstein O.D., Karena		\$50.00
		Contributor address; City; State; Zip Code		1
	ļ			
		Dallas, TX 75216		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	08/15/2024	Hall O.D., Jamie		\$20.20
	1	Contributor address; City; State; Zip Code		1
	ļ			
		Wills Point, TX 75169		
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	08/15/2024	Hammond O.D., Eric		\$100.00
		Contributor address; City; State; Zip Code		
	ļ			
		Austin TV 20250		
	Drizsingl oppu	Austin, TX 78750	Employer (Cop Instructions	-
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)
				T
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	08/15/2024	Hanson O.D., Mark		\$100.00
	ļ	Contributor address; City; State; Zip Code		
	ļ			
		Arlington, TX 76012		
┝	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	~\
	Optometrist			>)
⊢	optometrist			

	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 22/59 Rpt: 25/70		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	,
4	Date	5 Full name of contributor in out-of-state PAC (ID#:)			Amount of Contribution (\$)	
	08/15/2024	Harper O.D., Ellener				\$20.20
		6 Contributor address; City; State; Zip Code				
		Fort Worth, TX 76131				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	08/15/2024	Hart O.D., Peggy				\$50.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77079				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor Out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	08/15/2024	Hartman O.D., Amy				\$52.00
		Contributor address; City; State; Zip Code		1		
		Victoria, TX 77904				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
╞	Date	Full name of contributor out-of-state PAC (ID			Amount of Contribution (\$)	
	08/15/2024	Harvey O.D., Cameo				\$20.20
		Contributor address; City; State; Zip Code				
		Abilene, TX 79605				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID		Г	Amount of Contribution (\$)	
	08/15/2024	Hawari O.D., Andy	m)			\$100.00
	00/10/2021	Contributor address; City; State; Zip Code				\$100.00
		Contributor address, City, State, Zip Code				
		Mineola, TX 75773				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Optometrist			,		
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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 24/59 Rpt: 27/70	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor 🔲 out-of-state PAC (IE)#:)	7	Amount of Contribution (\$)	
	08/15/2024	24 Hoang O.D., Bao				\$50.00
	ļ	6 Contributor address; City; State; Zip Code		"		
	ļ					
		Katy, TX 77494				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC (ID	D#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Hoang O.D., Kathy				\$50.00
	Contributor address; City; State; Zip Code					
		Katy, TX 77494				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	08/15/2024	Hopping O.D., Desiree				\$50.00
	1	Contributor address; City; State; Zip Code		"		
	ļ					
		Friendswood, TX 77546				
	-	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
Γ	Date	Full name of contributor 🔲 out-of-state PAC (IE	D#:)	T	Amount of Contribution (\$)	
	08/15/2024	Hopping O.D., Ron				\$50.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Friendswood, TX 77546		<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (IE)#:)		Amount of Contribution (\$)	
	08/15/2024	Hutchins O.D., Jaclyn				\$50.00
	Contributor address; City; State; Zip Code					
	ľ					
	ľ					
		San Antonio, TX 78257				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
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The Instrue	ction Guide explains how to compl	ete this form.		Total pages Schedule A1: Sch: 25/59 Rpt: 28/70	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Texas Opton	netric PAC			00015622	
4 Date	5 Full name of contributor 🗌 out-of-sta	te PAC (ID#:)	7	Amount of Contribution (\$)	
08/15/2024					\$50.00
	6 Contributor address; City; State; Zip Code	e			
	Dallas, TX 75240				
	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)		
Optometrist					
Date	Full name of contributor 🛛 out-of-sta	te PAC (ID#:)	Τ	Amount of Contribution (\$)	
08/15/2024	Johle O.D., Sarah				\$50.00
	Contributor address; City; State; Zip Code	"			
	Hutto, TX 78634				
	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
Optometrist					
Date	Full name of contributor 🗌 out-of-sta	te PAC (ID#:)	Τ	Amount of Contribution (\$)	
08/15/2024	Johnson O.D., Murray				\$400.00
	Contributor address; City; State; Zip Code	9	"		
	Dallas, TX 75287		ļ		
-	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
Optometrist					
Date		te PAC (ID#:)		Amount of Contribution (\$)	
08/15/2024	Jolivette O.D., Nia]		\$25.00
	Contributor address; City; State; Zip Code	3			
	San Antonio, TX 78229				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u></u>		
Optometrist			115)		
			-		
Date		te PAC (ID#:)		Amount of Contribution (\$)	ቀ100 00
08/15/2024	Jones O.D., Jeffrey				\$100.00
	Contributor address; City; State; Zip Code	3			
	Longview, TX 75605				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	 ne)		
Optometrist			115)		
Optometrict					

	The Instru	ction Guide explains how to con	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 26/59 Rpt: 29/70	
2	FILER NAME				3	Filer ID (Ethics Commission	ו Filers)
-	Texas Optor	netric PAC				00015622	
4	Date	5 Full name of contributor 🔲 out-of	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Jordan O.D., Emily					\$50.00
		6 Contributor address; City; State; Zip C					
		1					
		Austin, TX 78746					
8	Principal occu	I Ipation / Job title (See Instructions)		9 Employer (See Instructions)	上 5)		
	Optometrist	· · ·		· · ·			
	Date	Full name of contributor out-of	f-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Karanges O.D., Gayle					\$100.00
	Contributor address; City; State; Zip Code						
		1					
		1					
		Arlington, TX 76005					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
	Optometrist						
	Date	Full name of contributor	of-state PAC (ID#:)	\square	Amount of Contribution (\$)	
	08/15/2024	Kemp O.D., Robert					\$100.00
		Contributor address; City; State; Zip C					
		1					
		1					
		Houston, TX 77015-2310					
		pation / Job title (See Instructions)		Employer (See Instructions)	;)		
	Optometrist			1			
Γ	Date	Full name of contributor 🔲 out-of	of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Kimball O.D., Leigh					\$200.00
		Contributor address; City; State; Zip C					
		1					
		1					
L		Beaumont, TX 77706	T]			
		pation / Job title (See Instructions)		Employer (See Instructions)	;)		
	Optometrist			<u> </u>	_		
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	—
	08/15/2024	Knight O.D., Millicent					\$100.00
		Contributor address; City; State; Zip C					
		1					
		Plano, TX 75093			Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions)	;)		
L	Optometrist			1			

	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 27/59 Rpt: 30/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (II)	7	Amount of Contribution (\$)	
	08/15/2024	024 Kocian O.D., Larry				\$104.00
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
		Harker Heights, TX 76548				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (II	D#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Kodukula O.D., Dipa				\$50.00
	1	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Austin, TX 78717				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (II	D#:)	T	Amount of Contribution (\$)	
	08/15/2024	Kuder O.D., Bryan				\$20.20
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Carrollton, TX 75007				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC (II	D#:)	T	Amount of Contribution (\$)	
	08/15/2024	Kuykendall O.D., Traci				\$100.00
	ļ	Contributor address; City; State; Zip Code]		
	ļ					
		Ol-burge TV 20022				
	Drinsipal again	Cleburne, TX 76033		<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
				-		
	Date	Full name of contributor Out-of-state PAC (II	D#:)		Amount of Contribution (\$)	* 100 00
	08/15/2024	Lagunas O.D., Claudio				\$400.00
	Contributor address; City; State; Zip Code					
	ļ	The Woodlands, TX 77382				
\vdash	Dringingl oog		Employer (See Instruction)	<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					

	The Instru	ction Guide explains how to co	mnlete this fo	orm	1	Total pages Schedule A1:	
	The motion					Sch: 28/59 Rpt: 31/70	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	
4	Date		-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Lam O.D., Sean					\$20.20
		6 Contributor address; City; State; Zip					
		Houston, TX 77075					
8	Princinal occu	pation / Job title (See Instructions)	I	9 Employer (See Instructions	<u> </u> ເ)		
ľ	Optometrist				,,		
_	Date	Full name of contributor	-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Lambert O.D., Sawyer	-or-state PAC (ID#)			\$100.00
	00/10/2021	Contributor address; City; State; Zig					\$100.00
		Houston, TX 77008					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Larry O.D., Gunnell					\$100.00
		Contributor address; City; State; Zip) Code				
		Witchite Falls, TV 76200					
	Dringing ago	Witchita Falls, TX 76308	i	Employer (Cas Instructions			
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions)		
_		Full nome of contributor			_	Amount of Contribution (ft)	
	Date 08/15/2024	Full name of contributor out Le O.D., Anne	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	00/10/2024	Contributor address; City; State; Zig	Code				Ψ100.00
			Coue				
		Houston, TX 77072					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Le O.D., Hoan					\$50.00
		Contributor address; City; State; Zip	o Code		1		
		Crainer TV 70105					
	Dringing!	Spring, TX 76135		Employer (See Instruction	<u> </u>		
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions)		
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	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/59 Rpt: 32/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Le O.D., Lisa				\$50.00
		6 Contributor address; City; State; Zip Code				
		Missouri City, TX 77459				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:	·)		Amount of Contribution (\$)	
	08/15/2024	Lemanski O.D., Sundra				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78727				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/15/2024	Linh O.D., Linh				\$50.00
		Contributor address; City; State; Zip Code				
		Leander, TX 78641				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Lou O.D., Oliver				\$100.00
		Contributor address; City; State; Zip Code				
		Cedar Park, TX 78613				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/15/2024	Ly O.D., Alexandra				\$50.00
		Contributor address; City; State; Zip Code				
		contributor address, city, state, zip code				
		Houston, TX 77082				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Optometrist					
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	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 30/59 Rpt: 33/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024					\$50.00
	I	6 Contributor address; City; State; Zip Code		1		
	l					
	l					
		Cypress, TX 77433		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist			—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024					\$50.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	El Paso, TX 79902				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	Optometrist			<i>></i>)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	08/15/2024	Full name of contributor out-of-state PAC (ID#: Maldonado O.D., Nicole)		Amount of Contribution (\$)	\$50.00
	00/13/2024			•		φ30.00
	I	Contributor address; City; State; Zip Code				
	l					
	l	San Antonio, TX 78249				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	·)	Γ	Amount of Contribution (\$)	
	08/15/2024	Martin O.D., Joe				\$100.00
		Contributor address; City; State; Zip Code		1		
		Cleburne, TX 76033				
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Martin O.D., Michal				\$50.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Austin, TX 78735				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/59 Rpt: 34/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Martinez O.D., Michelle				\$100.00
		6 Contributor address; City; State; Zip Code				
		Ft. Worth, TX 76244				
8	Principal occu		9 Employer (See Instructions	<u>ا</u> چ)		
	Optometrist	······································		,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)	
	08/15/2024	Full name of contributor out-of-state PAC (ID#: Masters O.D., Trishna)		Amount of Contribution (\$)	\$20.20
	00/13/2024					ΦΖ Ο.ΖΟ
		Contributor address; City; State; Zip Code				
		Arlington, TX 76006				
	Deineineleen					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	McCarty O.D., Dennis				\$50.00
		Contributor address; City; State; Zip Code		1		
		Cedar Park, TX 78613				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	McClain O.D., Christos				\$20.20
		Contributor address; City; State; Zip Code		1		
		College Station, TX 77845				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	McCormick O.D., Michael	/		(1)	\$50.00
		Contributor address; City; State; Zip Code				,
		Contributor address, City, State, Zip Code				
		Austin, TX 78759				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Optometrist			·)		
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The I	Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/59 Rpt: 35/70	
2 FILER	RNAME			3	Filer ID (Ethics Commission	n Filers)
		netric PAC			00015622	,
4 Date		5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
08/15	3/15/2024 McCown O.D., Joshua					\$100.00
		6 Contributor address; City; State; Zip Code		1		
2 Drinoir		Gatesville, TX 76528		<u> </u>		
	pal occu metrist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	metrist			-		
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
08/15	5/2024	McGowan O.D., Joseph]		\$50.00
		Contributor address; City; State; Zip Code				
Duin air	-1 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2	AUSTIN, TX 78748-1051		Ĺ		
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
-	metrist			-		
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
08/15	5/2024	McPherson O.D., Kimberly				\$50.00
		Contributor address; City; State; Zip Code				
		North Dichland Hills TV 76180				
Drincir		North Richland Hills, TX 76180 pation / Job title (See Instructions)	Employer (See Instructions			
	metrist			5)		
				T		
Date	- 10004	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$ 400 00
08/13	5/2024	Means O.D., Stephen				\$400.00
		Contributor address; City; State; Zip Code				
		Huntsville, TX 77340				
Princir	nal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
-	metrist			5)		
			<u> </u>	Т	Amount of Contribution (¢)	
Date	5/2024	Full name of contributor out-of-state PAC (ID#: Montgomery O.D., Brandi)		Amount of Contribution (\$)	\$50.00
00,13	0/2024			-		φ30.00
		Contributor address; City; State; Zip Code				
		Missouri City, TX 77459				
Princir	nal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
-	metrist			3)		
- I						

	The Instru	ction Guide explains how to	o complete this f	orm	1	Total pages Schedule A1:	
				JIII.		Sch: 33/59 Rpt: 36/70	
	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Moon O.D., Debra					\$100.00
		6 Contributor address; City; State; Zip Code					
		Diana TX 75024					
0	Principal occu	Plano, TX 75024 pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
	Optometrist				>)		
	-			<u> </u>	<u> </u>	Amount of Contribution (f)	
	Date 08/15/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	08/15/2024	Moore O.D., Tory					Φ00.00
		Contributor address; City; State	e; Zip Code				
		Dumas, TX 79029					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	1 5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Mora O.D., David					\$50.00
		Contributor address; City; State	e [.] 7in Code				
			, <u> </u>				
		Laredo, TX 78043					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Morozco O.D., Michael					\$50.00
		Contributor address; City; State	e; Zip Code		1		
	Dringing oog	San Antonio, TX 78240	i	Employer (Coo Instructions			
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	-				1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀ100 00</u>
	08/15/2024	Mosbacher O.D., Diane	~ ~ .				\$100.00
		Contributor address; City; State	e; Zip Code				
		Dallas, TX 75248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ג)		
	Optometrist	, , , , , , , , , , , , , , , , , , ,			-,		
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The Instruction Guide explains how to 2 FILER NAME Texas Optometric PAC 4 Date 5 Full name of contributor 08/15/2024 Mozdbar O.D., Sima 6 Contributor address; City; State Austin, TX 78750 8 Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor 08/15/2024 Murrell O.D., Jessica	complete this form. 3 out-of-state PAC (ID#:) 7 Zip Code 9 Employer (See Instructions)	Total pages Schedule A1: Sch: 34/59 Rpt: 37/70 Filer ID (Ethics Commission 00015622 Amount of Contribution (\$)	Filers) \$20.20
Texas Optometric PAC 4 Date 5 Full name of contributor 08/15/2024 Mozdbar O.D., Sima 6 Contributor address; City; State Austin, TX 78750 8 Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor	out-of-state PAC (ID#:) 7 /	00015622	
4 Date 5 Full name of contributor 08/15/2024 Mozdbar O.D., Sima 6 Contributor address; City; State Austin, TX 78750 8 Principal occupation / Job title (See Instructions) Optometrist Date	out-of-state PAC (ID#:) 7 /		\$20.20
08/15/2024 Mozdbar O.D., Sima 6 Contributor address; City; State Austin, TX 78750 8 Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor	Zip Code 9 Employer (See Instructions)	Amount of Contribution (\$)	\$20.20
6 Contributor address; City; State Austin, TX 78750 Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor	Zip Code 9 Employer (See Instructions)		\$20.20
6 Contributor address; City; State Austin, TX 78750 Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor	9 Employer (See Instructions)		
Austin, TX 78750 8 Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor	9 Employer (See Instructions)		
8 Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor			
8 Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor			
Optometrist Date Full name of contributor			
Date Full name of contributor			
08/15/2024 Murrell O.D. Jessica	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
			\$20.20
Contributor address; City; State	Zip Code		
Spring, TX 77002			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Optometrist			
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/15/2024 Nailing O.D., Amy			\$20.20
Contributor address; City; State	Zip Code		
	Employer (See Instructions)		
Optometrist			
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/15/2024 Newman O.D., Clarke			\$400.00
Contributor address; City; State	Zip Code		
1			
Dallas, TX 75201	Employer (See Instructions)		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Principal occupation / Job title (See Instructions) Optometrist			
Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor		Amount of Contribution (\$)	\$100.00
Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor 08/15/2024 Newton O.D., Ronald	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor 08/15/2024 Newton O.D., Ronald	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor 08/15/2024 Newton O.D., Ronald Contributor address; City; State	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor 08/15/2024 Newton O.D., Ronald Contributor address; City; State Laredo, TX 78040	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor 08/15/2024 Newton O.D., Ronald Contributor address; City; State Laredo, TX 78040 Principal occupation / Job title (See Instructions)	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
Principal occupation / Job title (See Instructions) Optometrist Date Full name of contributor 08/15/2024 Newton O.D., Ronald Contributor address; City; State Laredo, TX 78040	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
08/15/2024 Newman O.D., Clarke		Amount of Contribution (\$)	\$40

				1	Total pages Schedule A1:	
The Instrue	ction Guide explains how to co	mplete this fo	orm.	 	Sch: 35/59 Rpt: 38/70	
2 FILER NAME				3	Filer ID (Ethics Commission	n Filers)
Texas Opton	netric PAC				00015622	
4 Date	5 Full name of contributor 🗌 out-	-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
08/15/2024	Nguyen O.D., Hai					\$50.00
	6 Contributor address; City; State; Zip	o Code				
	Portland, TX 78374	r				
	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
Optometrist						
Date	Full name of contributor	-of-state PAC (ID#:)		Amount of Contribution (\$)	
08/15/2024	Nguyen O.D., Jenifer					\$50.00
	Contributor address; City; State; Zip	o Code		1		
	Addison, TX 75001	r				
	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Optometrist		<u> </u>				
Date		-of-state PAC (ID#:)		Amount of Contribution (\$)	
08/15/2024	Nguyen O.D., Kimuyen					\$50.00
	Contributor address; City; State; Zip	Code				
Duits singly a serie	Richardson, TX 75082	r		ŕ		
	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Optometrist		l				
Date		-of-state PAC (ID#:)		Amount of Contribution (\$)	÷22.00
08/15/2024	Nguyen O.D., Long					\$20.20
	Contributor address; City; State; Zip	Code				
	Houston, TX 77059					
Principal occu	pation / Job title (See Instructions)	r	Employer (See Instructions	<u> </u>		
Optometrist				9		
			<u>,</u>	1		
Date 08/15/2024		-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
08/13/2024	Nguyen O.D., Quan	0- 4-				ΦT00.00
	Contributor address; City; State; Zip	Code				
	Houston, TX 77072					
Principal occu	pation / Job title (See Instructions)	i	Employer (See Instructions	<u> </u> וו		
Optometrist				"		
Optometal		I				

	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 36/59 Rpt: 39/70	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC				00015622	-
4	Date 08/15/2024	5 Full name of contributor out-of-state P/ Nguyen O.D., Steve			7	Amount of Contribution (\$)	\$200.00
		6 Contributor address; City; State; Zip Code Dallas, TX 75224					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor out-of-state P/	AC (ID#:_)		Amount of Contribution (\$)	
	08/15/2024	Nguyen O.D., Thai-An	· _				\$100.00
	I						
		Dallas, TX 75206					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	L;)		
	Optometrist	,		- r - y - x	,		
╞	Date	Full name of contributor out-of-state P/)		Amount of Contribution (\$)	
	08/15/2024	Nguyen O.D., Tu	'AC (ID#)			\$50.00
	00/13/2024						φυυ.υυ
		Contributor address; City; State; Zip Code Cypress, TX 77429					
-	Bringinal occu	pation / Job title (See Instructions)		Employor (See Instructions	<u> </u>		
	Optometrist			Employer (See Instructions	9		
	Date	Full name of contributor 🔲 out-of-state P/	AC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/15/2024	Nguyen O.D., Vicki					\$50.00
		Contributor address; City; State; Zip Code					
	I	Grand Prairie, TX 75054					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	I;)		
	Optometrist						
⊨	Date	Full name of contributor out-of-state P/	AC (ID#:_)		Amount of Contribution (\$)	
	08/15/2024	Nichols O.D., Brian		······································			\$200.00
		Contributor address; City; State; Zip Code					
		Mt Pleasant, TX 75455					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						

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	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 37/59 Rpt: 40/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date		C (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	O'Brien O.D., Erica				\$104.00
	ļ	6 Contributor address; City; State; Zip Code		"		
	ļ					
	ļ					
		Georgetown, TX 78628				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Τ	Amount of Contribution (\$)	
	08/15/2024	O'Brien O.D., Lisa				\$50.00
	ļ	Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79109				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Τ	Amount of Contribution (\$)	
	08/15/2024	Ousley O.D., Bruce				\$100.00
	ļ	Contributor address; City; State; Zip Code		"		
	ļ					
		Highland Village, TX 75077	<u> </u>	Ţ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist			-		
	Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	_
	08/15/2024	Park O.D., Jon				\$100.00
		Contributor address; City; State; Zip Code]		
	ļ					
	Driverine Loopu	Irving, TX 75063	Explorer (Cool potruction			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
				-		
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Pass O.D., Hulon				\$100.00
		Contributor address; City; State; Zip Code				
	ļ	Fort Stackton TV 70725				
L	Di sinal assu	Fort Stockton, TX 79735		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					

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2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor				00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Patel O.D., Samir				\$200.00
		6 Contributor address; City; State; Zip Code		1		
		1				
		Beaumont, TX 77706				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Patrick O.D., Carey				\$200.00
		Contributor address; City; State; Zip Code		1		
		1				
		Allen, TX 75002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist	ļ				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Pena O.D., Benny				\$200.00
		Contributor address; City; State; Zip Code		1		
		Kerrville, TX 78028				
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Pepin O.D., Allison				\$52.00
		Contributor address; City; State; Zip Code		1		
L		Georgetown, TX 78628				
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
L	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Peterson O.D., Christopher				\$50.00
		Contributor address; City; State; Zip Code		1		
		1				
L		Carrolton, TX 75006				
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Optometrist					

				4	Total manage Cabadula A1	
	The Instru	ction Guide explains how to complete t	his form.		Total pages Schedule A1: Sch: 40/59 Rpt: 43/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Peterson O.D., Savannah				\$26.00
		6 Contributor address; City; State; Zip Code				
		Webster, TX 77598				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🛛 out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Philip O.D., Blessy				\$20.00
		Contributor address; City; State; Zip Code				
		Coppell, TX 75019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Τ	Amount of Contribution (\$)	
	08/15/2024	Phillips O.D., Jeff				\$100.00
		Contributor address; City; State; Zip Code				
		Texarkana, TX 75503				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🛛 out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Pierce O.D., Jordan				\$50.00
		Contributor address; City; State; Zip Code		"		
		Fort Worth, TX 76177				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Pillai O.D., Anith				\$100.00
		Contributor address; City; State; Zip Code		"		
		Sugarland, TX 77479				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 41/59 Rpt: 44/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Pollard O.D., Paige				\$100.00
		6 Contributor address; City; State; Zip Code				
		Midlothian, TX 76065				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Poole O.D., Mohan				\$100.00
		Contributor address; City; State; Zip Code				
		Marble Falls, TX 78654				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Prapta O.D., Shawn			• •	\$100.00
		Contributor address; City; State; Zip Code				-
		Mansfield, TX 76063				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	. ;)		
	Optometrist					
⊢	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Prati O.D., Martin			······	\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77058				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
	Optometrist					
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Proske O.D., Paul	/		,	\$50.00
		Contributor address; City; State; Zip Code				
		Contributor address, Gry, State, Zip Code				
		Spring, TX 77379				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist	,		,		
⊢						

The Instru	ction Guide explains how to compl	lete this form.	1 Total pages Schedule A1: Sch: 42/59 Rpt: 45/70
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Opto	netric PAC		00015622
4 Date 08/15/2024	5 Full name of contributor out-of-sta Proske O.D., Paul	te PAC (ID#:)	7 Amount of Contribution (\$) \$50.00
		e	
	Spring, TX 77379	- 	
8 Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-sta	te PAC (ID#:)	Amount of Contribution (\$)
08/15/2024	Pulpan O.D., Stephanie		\$50.00
	Contributor address; City; State; Zip Code	e	
	Perryton, TX 79070		
Principal occı	ipation / Job title (See Instructions)	Employer (See Instruction	ons)
Optometrist			
Date	Full name of contributor out-of-sta	te PAC (ID#:)	Amount of Contribution (\$)
08/15/2024	Quinlivan O.D., Paige		\$50.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	e 	
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruction	ons)
Optometrist			
Date	Full name of contributor out-of-sta	te PAC (ID#:)	Amount of Contribution (\$)
08/15/2024	Raley O.D., Audrey		\$100.00
	Contributor address; City; State; Zip Code	e	
	New Braunfels, TX 78132		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruction	ons)
Optometrist			
Date	Full name of contributor 🗌 out-of-sta	te PAC (ID#:)	Amount of Contribution (\$)
08/15/2024	Ramirez O.D., Angie		\$100.00
	Contributor address; City; State; Zip Code	e	
- · · ·	Pharr, TX 78582		
-	ipation / Job title (See Instructions)	Employer (See Instruction	ons)
Optometrist			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/59 Rpt: 46/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC		_	00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Ramirez O.D., Juan				\$100.00
		6 Contributor address; City; State; Zip Code				
		Mission, TX 78573				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Ramirez-Shank O.D., Diane				\$50.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78232				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Ratcliff O.D., Reagan			-	\$50.00
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Reneau O.D., Aaron				\$100.00
		Contributor address; City; State; Zip Code				
		Kingwood, TX 77345				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Reynolds O.D., Samantha				\$52.00
		Contributor address; City; State; Zip Code				
		Haslet, TX 76052				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					
⊢		1				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/59 Rpt: 47/70	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Texas Opton	netric PAC			00015622	
4	Date 08/15/2024	5 Full name of contributor out-of-state PAC (ID#: Robertson O.D., Reid)	7	Amount of Contribution (\$)	\$50.00
	I	6 Contributor address; City; State; Zip Code		•		
		Allen, TX 75013				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Robertson O.D., Reid				\$100.00
	I	Contributor address; City; State; Zip Code		1		
		Allen, TX 75013				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Robinson O.D., Beth				\$100.00
		Contributor address; City; State; Zip Code Friendswood, TX 77546				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Robinson O.D., Nathaniel				\$100.00
		Contributor address; City; State; Zip Code				*
		Lufkin, TX 75904				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/15/2024	Rodriguez O.D., Jaime				\$50.00
		Contributor address; City; State; Zip Code				
	Drinsipal agai	Weslaco, TX 78596		->		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					

SCHEDULE	A1
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	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 45/59 Rpt: 48/70	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	/
4	Date	5 Full name of contributor out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Rojas O.D., Luis					\$100.00
		6 Contributor address; City; State; Zip	Code				
		Dallas, TX 75204					
8	Principal occu	pation / Job title (See Instructions)	I	9 Employer (See Instructions	<u> </u>		
Ľ	Optometrist				·)		
	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Rosemore O.D., Corey					\$20.20
		Contributor address; City; State; Zip	Code				
		Frisco, TX 75035					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Rosemore O.D., Ryan					\$50.00
		Contributor address; City; State; Zip	Code				
		Frisco, TX 75033					
		pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Optometrist						
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Salchak O.D., Robert					\$100.00
		Contributor address; City; State; Zip	Code				
		Sugarland, TX 77479			Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Sandberg O.D., Kyle					\$50.00
		Contributor address; City; State; Zip	Code				
		Con Antonia TV 70000					
\vdash	Deine in t	San Antonio, TX 78229	i	Fundamenta (October 11)	Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
1							

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 46/59 Rpt: 49/70	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
Texas Optor			00015622	,
4 Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)	
08/15/2024	Sappington O.D., Amanda			\$50.00
	6 Contributor address; City; State; Zip Code			
	Amarillo, TX 79119			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
08/15/2024	Sawhney O.D., Dimple			\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78723			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
08/15/2024	Segu O.D., Pat			\$50.00
	Contributor address; City; State; Zip Code			
	Missouri City, TX 77459			
-	pation / Job title (See Instructions)	Employer (See Instructions	i)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#	<i>‡</i> :)	Amount of Contribution (\$)	
08/15/2024	Shandley O.D., Brian			\$400.00
	Contributor address; City; State; Zip Code			
	Lake Jackson, TX 77566			
·	pation / Job title (See Instructions)	Employer (See Instructions	i)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#	¢:)	Amount of Contribution (\$)	
08/15/2024	Shannon O.D., Bridget			\$50.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75035			
-	ipation / Job title (See Instructions)	Employer (See Instructions		
Optometrist				

	The Instrue	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 47/59 Rpt: 50/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (IE)#:)	7	Amount of Contribution (\$)	
	08/15/2024	Shauger O.D., Susan				\$100.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78727				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (IE	D#:)	Г	Amount of Contribution (\$)	
	08/15/2024	Shidlofsky O.D., Charles	,			\$50.00
		Plano, TX 75024				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
╞	Date	Full name of contributor out-of-state PAC (IE	D#:)	Г	Amount of Contribution (\$)	
	08/15/2024	Sianghio O.D., Leyden				\$20.20
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78255				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (IE)#:	Г	Amount of Contribution (\$)	
	08/15/2024	Sitterle O.D., Scott			(1)	\$100.00
		Contributor address; City; State; Zip Code		ł		,
		Contributor address, City, State, Zip Code				
		San Antonio, TX 78247				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			,		
⊨	Date	Full name of contributor out-of-state PAC (IE)#·)	Г	Amount of Contribution (\$)	
	08/15/2024	Smith O.D., Cameron)#)			\$100.00
	00/13/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Mansfield, TX 76063				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Optometrist			,		
⊢	1					

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 48/59 Rpt: 51/70	
2 FILER NAME			3 Filer ID (Ethics Commission	ו Filers)
Texas Optor	netric PAC		00015622	-
4 Date 08/15/2024	 5 Full name of contributor out-of-state PAC (ID#: Sorrenson O.D., Laurie 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)	\$500.00
	Cedar Park, TX 78613			
8 Principal occu Optometrist	ipation / Job title (See Instructions)	9 Employer (See Instructions	.)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/15/2024	Sosa O.D., Virginia			\$100.00
	Contributor address; City; State; Zip Code			
	Uvalde, TX 78801			
Principal occu Optometrist	ipation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/15/2024	Stephens O.D., Nancy			\$20.20
	Contributor address; City; State; Zip Code Pearland, TX 77581			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Optometrist				
Date 08/15/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$200.00
00/15/2024				Ψ200.00
	Contributor address; City; State; Zip Code Dallas, TX 75252			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
Optometrist	· · ·		-	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/15/2024	Strickland O.D., Clipper			\$20.20
	Contributor address; City; State; Zip Code Big Spring, TX 79720			
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Optometrist)	
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 49/59 Rpt: 52/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024 Strong O.D., Jane					\$100.00
		6 Contributor address; City; State; Zip Code				
		Cypress, TX 77419				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Studebaker O.D., Emily				\$5.20
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78626				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Sturm O.D., Mark				\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78749				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Sullivan O.D., Mitchell				\$5.00
		Contributor address; City; State; Zip Code				
		Carrollton, TX 75006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Taylor O.D., Alicia				\$5.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75243				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 50/59 Rpt: 53/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC		ľ	00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#	ŧ)	7	Amount of Contribution (\$)	
	08/15/2024	Taylor O.D., Erin				\$100.00
		6 Contributor address; City; State; Zip Code				
		Amarillo, TX 79110	- <mark>-</mark>			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor Out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Terrell O.D., Jenny				\$50.00
		Contributor address; City; State; Zip Code		1		
		Hurst, TX 76054				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#	÷)	Γ	Amount of Contribution (\$)	
	08/15/2024	Thames O.D., Lacey				\$50.00
		Contributor address; City; State; Zip Code]		
		Hutto, TX 78634		Ĺ		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#	ŧ:)		Amount of Contribution (\$)	
	08/15/2024	Thomas O.D., Jack				\$100.00
		Contributor address; City; State; Zip Code				
		Amerille TX 70100				
⊢	Dringingloggy	Amarillo, TX 79109	Employer (Can Instructions	$\frac{1}{1}$		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╘	-			1		
	Date	Full name of contributor out-of-state PAC (ID#	÷)		Amount of Contribution (\$)	* 50.00
	08/15/2024	Thomas O.D., Jeff				\$50.00
		Contributor address; City; State; Zip Code				
		Melissa, TX 75454				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			5)		
┝	Optomotilot					

	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 51/59 Rpt: 54/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-	Texas Optor	netric PAC		-	00015622	
4	Date	5 Full name of contributor out-of-state PAC (II	 D#:)	7	Amount of Contribution (\$)	
	08/15/2024	Thompson O.D., Melanie				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79109				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist			_		
	Date	—	D#:)	T	Amount of Contribution (\$)	
	08/15/2024	Thornton O.D., Kristofer				\$100.00
		Contributor address; City; State; Zip Code		1		
		Longview, TX 75605				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist			_		
	Date	Full name of contributor 🛛 out-of-state PAC (II	D#:)	Τ	Amount of Contribution (\$)	
	08/15/2024	Tilson O.D., Alan				\$50.00
		Contributor address; City; State; Zip Code		1		
		Irving, TX 75038		Ĺ		
	•	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist			—		
	Date		D#:)		Amount of Contribution (\$)	
	08/15/2024	Tovias O.D., Mayra				\$100.00
		Contributor address; City; State; Zip Code				
	Drive sized, oppu	Santa Fe, TX 77510		<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist			—		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	08/15/2024	Tran O.D., Anthony				\$100.00
		Contributor address; City; State; Zip Code				
		Dallas TV 75206				
	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dallas, TX 75206		ŕ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
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	The Instru	ction Guide explains how to complete	e this f	orm.	1	Total pages Schedule A1: Sch: 52/59 Rpt: 55/70	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC				00015622	
4	Date	5 Full name of contributor out-of-state F	PAC (ID#:_)	7	Amount of Contribution (\$)	
	08/15/2024 Tran O.D., Jessica					\$20.20	
	ł	6 Contributor address; City; State; Zip Code					
	ļ						
	ļ						
		Austin, TX 78759					
8		pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	08/15/2024	Tran O.D., Joshua					\$5.20
	ļ	Contributor address; City; State; Zip Code					
	ļ						
	ļ						
		Richmond, TX 77407					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	08/15/2024	Tran O.D., Lori					\$200.00
	ļ	Contributor address; City; State; Zip Code					
	ļ						
	ļ						
		Plano, TX 75024		The second se			
	-	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	08/15/2024	Tran O.D., Toan					\$50.00
	ļ	Contributor address; City; State; Zip Code					
	ļ						
	ļ	Corrollton TV 75010					
_	Dringing occu	Carrollton, TX 75010 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Optometrist	pation / Job lille (See instructions)		Employer (See Instructions)		
╘	-						
	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	* 20.20
	08/15/2024	Trichel O.D., Jessica					\$20.20
	ļ	Contributor address; City; State; Zip Code					
	ļ						
	ļ	Texarkana, TX 75503					
┝	Bringinal occu	pation / Job title (See Instructions)		Employer (See Instructions	\		
	Optometrist)		
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The Instru	ction Guide explains how	to complete this f	orm	1	Total pages Schedule A1:	
			onn.		Sch: 53/59 Rpt: 56/70	
2 FILER NAME				3	Filer ID (Ethics Commission	n Filers)
Texas Optom	netric PAC				00015622	
	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
08/15/2024	08/15/2024 Trinh O.D., Kim					\$50.00
	6 Contributor address; City; St]		
	Austin, TX 78728					
8 Principal occur	pation / Job title (See Instructions		9 Employer (See Instructions	<u> </u> ג)		
Optometrist				,		
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
08/15/2024	Tupa O.D., Faye		/			\$50.00
00,10,202	Contributor address; City; Si			\mathbf{I}		400.02
	Ganado, TX 77962					
Principal occu	pation / Job title (See Instructions	\$)	Employer (See Instructions	5)		
Optometrist						
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
08/15/2024	Turner O.D., Kimberly					\$100.00
	Contributor address; City; St	tate; Zip Code		1		
	Com Antonio TV 70250					
DringingLogou	San Antonio, TX 78258			<u> </u>		
Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			<u> </u>	1	t f O t bution (f)	
Date 08/15/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
00/15/2024	Twa O.D., Michael	total 710 Cada		•		Φ00.00
	Contributor address; City; St	ate, Zip Coue				
	Houston, TX 77019					
Principal occu	n pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
Optometrist						
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
08/15/2024	Tybor O.D., David	—				\$400.00
	Contributor address; City; St	tate; Zip Code		1		
	Austin, TX 78749		· · · · · ·			
	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
Optometrist						

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	The Instru	ction Guide explains how to complet	te this f	orm.	1	Total pages Schedule A1: Sch: 54/59 Rpt: 57/70	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Opton	netric PAC				00015622	-
4	Date	5 Full name of contributor Out-of-state F	PAC (ID#:_)	7	Amount of Contribution (\$)	
	08/15/2024	Tybor O.D., John					\$20.20
		6 Contributor address; City; State; Zip Code					
	ļ						
	ļ						
		Austin, TX 78746					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	08/15/2024	Upchurch O.D., Alan					\$50.00
	ļ	Contributor address; City; State; Zip Code					
	ļ						
	ļ						
		McKinney, TX 75070			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	08/15/2024	Urizar O.D., Jocelyn					\$50.00
	ļ	Contributor address; City; State; Zip Code					
		Houston, TX 77077					
<u> </u>	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 •\		
	Optometrist				97		
╞	Date	Full name of contributor)	<u> </u>	Amount of Contribution (\$)	
	Dale 08/15/2024	Full name of contributor out-of-state F Vasquez O.D., Celina	PAC (ID#)			\$50.00
	00/10/2024						Φυ0.00
		Contributor address; City; State; Zip Code					
	ļ	Palmview, TX 78572					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	L;)		
	Optometrist						
╞	Date	Full name of contributor Out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Vaughn O.D., Jamel				,	\$50.00
		Contributor address; City; State; Zip Code					• -
	ļ						
	ļ						
	ļ	Lubbock, TX 79416					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Optometrist						

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	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 55/59 Rpt: 58/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	08/15/2024 Voigt O.D., Kevin				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78414				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/15/2024 Vorster O.D., Edward				\$400.00	
		Contributor address; City; State; Zip Code		1		
		Silsbee, TX 77656				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date Full name of contributor Out-of-state PAC (ID#:)		Γ	Amount of Contribution (\$)		
	08/15/2024	Wagner O.D., Troy				\$200.00
		Contributor address; City; State; Zip Code]		
		The Mandlerde TV 77909				
\vdash	Driv sized oppu	The Woodlands, TX 77382		Ĺ		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╘				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 20.00
	08/15/2024	Wallace O.D., August				\$20.20
		Contributor address; City; State; Zip Code				
		Longview, TX 75603				
\vdash	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ב)		
	Optometrist			,		
╞		Full name of contributor out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#: Walters O.D., Mary Kate	/			\$104.00
	0011012027			-		Ψ104.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76008				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist	`		,		
⊢	-					

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 56/59 Rpt: 59/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Warstler O.D., Ashley				\$50.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77042				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Way O.D., David				\$200.00
		Contributor address; City; State; Zip Code				
		Spring, TX 77379				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Wedel O.D., Karl				\$100.00
		Contributor address; City; State; Zip Code				
		Cleburne, TX 76033				
	•	pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	West O.D., Jacob				\$100.00
		Contributor address; City; State; Zip Code				
		Flint, TX 75762				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Wiatrek O.D., Beverly				\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78223				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					

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	The Instruc	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 57/59 Rpt: 60/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor 🔲 out-of-state PAC (I	ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Wiechmann O.D., Alexandra	_			\$20.20
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		San Antonio, TX 78209				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC (I	ID#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Wild O.D., Tristan				\$100.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Austin, TX 78730				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (I	ID#:)	Ī	Amount of Contribution (\$)	
	08/15/2024	Wilken O.D., Bret				\$50.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Coppell, TX 75019		Ļ		
	-	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist			-		
	Date	Full name of contributor Out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	
	08/15/2024	Williams O.D., Bryan				\$20.20
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Dallas, TX 75226				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			5)		
╞	-			1		
	Date 08/15/2024	Full name of contributor out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	\$50.00
	08/13/2024	Williams O.D., James				ΦΟ0.00
		Contributor address; City; State; Zip Code				
	ļ					
	ļ	Joplin, MO 64804				
┝	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Optometrist			5)		
┝						

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	The Instru	ction Guide explains how to complete this	; form.	1	Total pages Schedule A1: Sch: 58/59 Rpt: 61/70	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	08/15/2024	Wilson O.D., Kent				\$100.00
	1	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		Terrell, TX 75160				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	08/15/2024	Wineinger O.D., Jeffrey				\$50.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Cedar Park, TX 78613		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	08/15/2024	Wright O.D., David				\$200.00
	I	Contributor address; City; State; Zip Code]		
	I					
	I	Cominala TV 70260				
	Dringingl oogu	Seminole, TX 79360	Employer (Soo Instructions	<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╞				.		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	¢100.00
	08/15/2024	Wright O.D., Lance				\$100.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Seminole, TX 79360				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Optometrist			,		
╞	Date	Full name of contributor out-of-state PAC (ID#	<u>.</u>	Γ	Amount of Contribution (\$)	
	08/15/2024	Yates O.D., Ashleigh	<i>+</i> /			\$10.40
	001101202	Contributor address; City; State; Zip Code		\mathbf{I}		Ψ±0
	I	Continuou autress, City, State, Lip Coue				
	I					
	I	San Antonio, TX 78247				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
\vdash						

	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 59/59 Rpt: 62/70	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	,
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	08/15/2024	Yee O.D., Jamie					\$100.00
		6 Contributor address; City; State; Zip Code					
		Dallas, TX 75033					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Yeh O.D., Shihwei					\$50.00
		Contributor address; City; State; Zip Code					
		1					
		Frisco, TX 75035					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
F	Date	Full name of contributor 🛛 out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Yousef O.D., Deliah					\$104.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78746					
	-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Zhang O.D., Joyce					\$20.20
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78209					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
Γ	Date	Full name of contributor 🛛 out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	08/15/2024	Zike O.D., Abigail					\$52.00
		Contributor address; City; State; Zip Code					
		1					
		College Station, TX 77845					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
			<u> </u>				

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District GitfuAwards/Memorials Expense Printing Expense Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/6 Rpt: 63/70	Texas Optometric PAC 00015622			
4 Date	5 Payee name			
08/15/2024	AJ Louderback Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	3318 Hwy 365 Ste 243			
Expenditure from corporate funds	Nederland, TX 77627			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
08/15/2024	Aicha Davis Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	PO Box 4525			
Expenditure from corporate funds	Dallas, TX 75208			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
08/15/2024	Alan Schoolcraft Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	404 Pat Booker Rd			
Expenditure from corporate funds	Universal City, TX 78148			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Loan Rep Office Ove Polling Ex nse Printing E Salaries/V	ayment/Reimbursement rrhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 64/70	Texas Opt	ometric PAC			00015622
4 Date	5 Payee name	<u>;</u>			
08/15/2024	Andy Hopp	er Campaign			
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de	
\$500.00	PO Box 10	52			
Expenditure from corporate funds	Decatur, T	X 76234			
8 PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
OF EXPENDITURE		ns/Donations Made		Check if travel	outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/	Officeholder/Politica	l Committee		n, TX, officeholder living expense
				Campaign C	ontributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Office sou	ght	Office held
Date	Payee name)			
08/15/2024	Brent Hage	enbuch Campaign			
Amount (\$)	Payee addre	ess; City;	State; Zip Co	de	
\$1,000.00	-	eline Dr 310	otato, Lip ot		
φ1,000.00	2000 0101				
Expenditure from corporate funds	Denton, T>	(76210			
PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
OF EXPENDITURE		ns/Donations Made			outside of Texas. Complete Schedule T.
	Candidate	Officeholder/Politica	l Committee		n, TX, officeholder living expense
				Campaign C	ontributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght	Office held
Date	Payee name)			
08/15/2024	,	Hernandez Campai	gn		
Amount (\$)	Payee addre	ess; City;	State; Zip Co	de	
\$500.00	PO Box 12	89			
Expenditure from corporate funds	Addison, T	X 75001			
PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
OF EXPENDITURE	Contributio	ns/Donations Made	Ву		outside of Texas. Complete Schedule T.
	Candidate	Officeholder/Politica	l Committee		n, TX, officeholder living expense
				Campaign C	ontributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght	Office held

	EXPENDITURE	CATEGORIES FOR B	OX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex ommittee Legal Services	Loan Repaym Office Overhe Polling Expen pense Printing Exper	ent/Reimbursement ad/Rental Expense se ise es/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
1 Total pages Schedule F1:	FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 3/6 Rpt: 65/70	Texas Optometric PAC			00015622	
4 Date	Payee name				
08/15/2024	Charlene Ward Johnson Carr	npaign			
6 Amount (\$)	Payee address; City;	State; Zip Code			
\$500.00	PO Box 925775				
Expenditure from corporate funds	Houston, TX 77292				
8 PURPOSE	Category (See Categories listed at the	top of this schedule) (b)	Description		
OF EXPENDITURE	Contributions/Donations Mad			outside of Texas. Comp	
	Candidate/Officeholder/Politic	al Committee		TX, officeholder living	expense
			Campaign Co	ontributions	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought		Office he	ld
Date	Payee name				
08/15/2024	Greg Abbot Campaign				
Amount (\$)	Payee address; City;	State; Zip Code			
\$25,000.00	PO Box 308				
φ23,000.00	FO B0X 300				
Expenditure from corporate funds	Austin, TX 76903				
PURPOSE	Category (See Categories listed at the	top of this schedule) (b)	Description		
OF EXPENDITURE	Contributions/Donations Mad			outside of Texas. Comp	
	Candidate/Officeholder/Politic	al Committee		TX, officeholder living	expense
			Campaign Co	ontributions	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	I	Office he	ld
Date	Payee name				
08/15/2024	Helen Kerwin Campaign				
Amount (\$)	Payee address; City;	State; Zip Code			
\$500.00	420 Grand Ave				
φουυ.υυ	420 GIANU AVE				
Expenditure from corporate funds	Glen Rose, TX 76043				
PURPOSE	I) Category (See Categories listed at the	top of this schedule) (b)	Description		
OF EXPENDITURE	Contributions/Donations Mad		Check if travel of	outside of Texas. Comp	blete Schedule T.
EAFENDITURE	Candidate/Officeholder/Politic	al Committee		TX, officeholder living	expense
			Campaign Co	ontributions	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough	t	Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/6 Rpt: 66/70	Texas Optometric PAC 00015622
4 Date	5 Payee name
08/15/2024	Jeff Barry Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	3503 Boxwood Gate Trail
Expenditure from corporate funds	Pearland, TX 77581
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/15/2024	John McQueeney Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 100458
Expenditure from corporate funds	Fort Worth, TX 76185
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/15/2024	Katrina Pierson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	609 Goliad St 672
Expenditure from corporate funds	Rockwall, TX 75087
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Rei Fees Office Overhead/Ren Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Tract Labor OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 5/6 Rpt: 67/70	Texas Optometric PAC	00015622			
4 Date	Payee name	·			
08/15/2024	Keresa Richardson Campaign				
6 Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	PO Box 1179				
Expenditure from corporate fundsMcKinney, TX 75070					
8 PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Des	scription			
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense mpaign Contributions			
	Ca	mpaign contributions			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held			
Date	Payee name				
08/15/2024	Lauren Ashley Simmons Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	PO Box 56386				
Expenditure from corporate funds	Houston, TX 77526				
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mpaign Contributions			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
Date	Payee name				
08/15/2024	Matt Morgan Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	503 FM 359 Ste 130				
Expenditure from corporate funds	Richardson, TX 77406				
PURPOSE		scription			
OF EXPENDITURE	Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mpaign Contributions			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX	(8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/ Fees Office Overhead/F Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	Reimbursement Solicitation/Fundraising Expense Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 6/6 Rpt: 68/70	Texas Optometric PAC	00015622				
4 Date	5 Payee name					
08/15/2024	Molly Cook Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	\$1,000.00 PO Box 667238					
Expenditure from corporate funds	Houston, TX 77266					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense				
		Campaign Contributions				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
Date	Payee name					
08/15/2024	Solomon Ortiz Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	PO Box 286					
\$000.00	10 000 200					
Expenditure from corporate funds	Corpus Christi, TX 78403					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) [Description				
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense				
		Campaign Contributions				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
Date	Payee name					
08/15/2024	Vince Perez Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	PO Box 71309					
Expenditure from corporate funds	El Paso, TX 79917					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) C	Description				
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.				
EAFENDITUKE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense				
		Campaign Contributions				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

SCHEDULE |

Sch: 1/2 Rpt: Date 08/01/2024 Amount (\$) 60.42	Texas Optometric PAC 5 Payee name Authorize.net 7 Payee Address; City; State; Zip	00015622
08/01/2024 Amount (\$) 60.42	Authorize.net	
60.42	7 Payee Address; City; State; Zip	
	1	
	808 E Utah Valley Dr	
Expenditure from corporate funds	American Fork, UT 84003	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date	Payee name	<u></u>
08/07/2024	Carriage House Partners	
Amount (\$)	Payee Address; City; State; Zip	
6,250.00	5502 Hidden Trails	
Expenditure from corporate funds	Arlington, TX 76017	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	
EXPENDITURE	Accounting/Banking	Lobbyist
Date	Payee name	
08/15/2024	Clem, Mike	
Amount (\$)	Payee Address; City; State; Zip 10155 Shadyview	
963.86		
Expenditure from corporate funds	Dallas, TX 75238	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	
EXPENDITURE	Salaries/Wages/Contract Labor	Accounting Services & Bank Fees
Date	Payee name	
08/25/2024	Paypal	
Amount (\$)	Payee Address; City; State; Zip	
430.22	2211 North First Street	
Expenditure from		
corporate funds	San Jose, CA 95131	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required. Payment fee

SCHEDULE I

Sch: 2/2 Rpt:	2 FILER NAME Texas Optometric PAC	:	B Filer ID	(Ethics Commission Filers
08/23/2024			00015622	
Amount (\$)	5 Payee name QuickBooks Payments	ł		
624.26 Expenditure from corporate funds	 Payee Address; City; State; Zip 2632 Marine Way Mountain View, CA 94043 			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description ^{(Se} Accounting Ser		ding type of information required Fees
Date 08/15/2024	Payee name TOA Facility			
Amount (\$) 2,250.00 Expenditure from	Payee Address; City; State; Zip 3011 N Lamar ste 300			
corporate funds PURPOSE OF EXPENDITURE	Austin, TX 78701 (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description ^{(Se} Facility Fee	ee instructions regar	ding type of information required