

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016210	2 Total pages filed: 31	
3 COMMITTEE NAME Texas Podiatric Medical PAC			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 10/07/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200  Austin, TX 78701			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Melinda NICKNAME LAST SUFFIX Daise			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200  Austin, TX 78701			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200  Austin, TX 78701			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 494-1123			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year 07/01/2024 THROUGH Month Day Year 09/26/2024			
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00016210
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Donna Howard State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,753.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 5,500.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 44,840.95
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00
<b>16 AFFIDAVIT</b>  <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">Mrs. Melinda Daise _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath</p>		

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00016210
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Elizabeth Campos State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
B. Opposed		
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported
		B. Opposed
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)		<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
	B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00016210
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Greg Bonnen State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
B. Opposed		
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported
		B. Opposed
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)		<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
	B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00016210
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Matt Shaheen State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
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<b>17 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00016210
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,753.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/22 Rpt: 7/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75061	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75061	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75061	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75402	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75402	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/22 Rpt: 8/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Steven (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Greenville, TX 75402	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) self
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75402	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75402	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75402	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/22 Rpt: 9/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/22 Rpt: 10/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, J. Mark (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77702	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$80.00</div>
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts DPM, Turner (Dr.) <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts DPM, Turner (Dr.) <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts DPM, Turner (Dr.) <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  <div style="text-align: right;">\$25.00</div>
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/22 Rpt: 11/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/22 Rpt: 12/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79606	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) podiatrist		<b>9</b> Employer (See Instructions) self
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodder DPM, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code  Sherman, TX 75092	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/22 Rpt: 13/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Alan <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaynor-Elko DPM, Caroline (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78251	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/22 Rpt: 14/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77077	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivey DPM, Matt (Dr.) <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77478	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Podiatris		Employer (See Instructions) Self
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/22 Rpt: 15/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77450	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) podiatrist		<b>9</b> Employer (See Instructions) Self
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) <hr/> Contributor address; City; State; Zip Code  Hillsoboro, TX 76645	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) <hr/> Contributor address; City; State; Zip Code  Hillsoboro, TX 76645	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) <hr/> Contributor address; City; State; Zip Code  Hillsoboro, TX 76645	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/22 Rpt: 16/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> Contributor address; City; State; Zip Code  Sour Lake, TX 77659	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/22 Rpt: 17/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sour Lake, TX 77659	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> Contributor address; City; State; Zip Code  Sour Lake, TX 77659	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) <hr/> Contributor address; City; State; Zip Code  Keller, TX 76244	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) <hr/> Contributor address; City; State; Zip Code  Keller, TX 76244	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/22 Rpt: 18/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Keller, TX 76244	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis DPM, Brandon (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77090-2611	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77090-2611	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClurkin DPM, Courtney (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75227	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/22 Rpt: 19/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary DPM, Jon (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary DPM, Jon (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/22 Rpt: 20/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) <hr/> Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/22 Rpt: 21/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kennedale, TX 76060	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) <hr/> Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petty DPM, Jeffrey (Dr.) <hr/> Contributor address; City; State; Zip Code  Corsicana, TX 75110	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts DPM, Megan (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts DPM, Megan (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/22 Rpt: 22/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts DPM, Megan (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76508	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76508	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76508	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76508	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/22 Rpt: 23/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucier DPM, Taylor (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77042	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucier DPM, Taylor (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucier DPM, Taylor (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucier DPM, Taylor (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/22 Rpt: 24/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550	<b>7</b> Amount of Contribution (\$)  \$26.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slate DPM, Ronald (Dr.) <hr/> Contributor address; City; State; Zip Code  Angleton, TX 77515	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon DPM, Carl D. (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75246	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/22 Rpt: 25/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77304	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> Contributor address; City; State; Zip Code  Van Alstyne, TX 75495	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> Contributor address; City; State; Zip Code  Van Alstyne, TX 75495	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/22 Rpt: 26/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Van Alstyne, TX 75495	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt DPM, Michael (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75081	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters DPM, Steven (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78705	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward DPM, Josh (Dr.) Contributor address; City; State; Zip Code  Davie, FL 33312	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward DPM, Josh (Dr.) Contributor address; City; State; Zip Code  Davie, FL 33312	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/22 Rpt: 27/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward DPM, Josh (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Davie, FL 33312	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) <hr/> Contributor address; City; State; Zip Code  DeSota, TX 75115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) <hr/> Contributor address; City; State; Zip Code  DeSota, TX 75115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) <hr/> Contributor address; City; State; Zip Code  DeSota, TX 75115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/22 Rpt: 28/31
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) self
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young DPM, Bohn (Dr.) <hr/> Contributor address; City; State; Zip Code  Brownwood, TX 76801	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 29/31	<b>2</b> FILER NAME Texas Podiatric Medical PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/17/2024	<b>5</b> Payee name Bonnen, Greg (Rep.)	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1183  Friendswood, TX 77549	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Campos, Elizabeth (Rep.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1028 Rigsby  San Antonio, TX 78210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Geren, Charles (Rep.)	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1440  Fort Worth, TX 76101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 30/31	<b>2</b> FILER NAME Texas Podiatric Medical PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/17/2024	<b>5</b> Payee name Harless, Sam (Rep.)	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 15814 Champion Forest PMB 312  Spring, TX 77379	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Howard, Donna (Rep.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 5375  Austin, TX 78763	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Lopez, Janie (Rep.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2073  San Benito, TX 78586	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 31/31	<b>2</b> FILER NAME Texas Podiatric Medical PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/24/2024	<b>5</b> Payee name Shaheen, Matt (Rep.)	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3917 Malton Drive  Plano, TX 75025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Thompson, Senfronia (Rep.)	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7611 Sterlingshire  Houston, TX 77016	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held