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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Podiatric Medi	cal PAC		00016210	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Donna Howard State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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 N	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,753.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	5,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	r DAY \$	44,840.95
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		I	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Mrs Me	elinda Daise	
			ampaign Treasu	rer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	,	this the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	cer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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						1 age e e e
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Podiatric Medical	I PAC			00016210	
14	COMMITTEE	1. Candidates	A Supported	Rep. Elizabeth Campos State R	enrecentative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Nep. Elizabeth Campos State N	epresentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(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.)				
	COMMITTEE	Candidates		Rep. Charlie Geren State Repre	e e e e e e e e e e e e e e e e e e e	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Rep. Channe Geren State Repre	esenialive	
	(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			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Sam Harless State Repres	sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)	2.7			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 31

OMMITTEE NAME exas Podiatric Medical OMMITTEE CTIVITY ttach lists on plain uper to complete this port if necessary.)	PAC 1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Greg Bonnen State Repres	13 Filer ID (Ethics Commission Filers) 00016210 sentative
OMMITTEE CTIVITY ttach lists on plain uper to complete this	Candidates (Identify by name or, if		Rep. Greg Bonnen State Repres	
CTIVITY ttach lists on plain uper to complete this	(Identify by name or, if		Rep. Greg Bonnen State Repres	sentative
per to complete this		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.)			
 DMMITTEE	<u> </u>	A. Supported	Rep. Janie Lonez State Represe	entative
CTIVITY	(Identify by name or, if	ти образов	Nep. value 20pez Giate Nepress	Silicative
ttach lists on plain aper to complete this port 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.)			
OMMITTEE CTIVITY	Candidates (Identify by name or, if		Rep. Sefronia Thompson State	Representative
ttach lists on plain uper to complete this port 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.)			
	ETIVITY Ittach lists on plain per to complete this port if necessary.) DIMMITTEE ETIVITY Ittach lists on plain per to complete this	Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	3. Officeholders Assisted (Identify by name or, if applicable, classity by party.) 1. Candidates (Identify by name or, if applicable, classity by party.) 1. Candidates (Identify by name or, if applicable, classity by party.) 2. Measures (Identify by name or, if applicable, classity by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classity by party.) 1. Candidates (Identify by name or, if applicable, classity by party.) 2. Measures (Identify by name or, if applicable, classity by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classity by party.) 4. Supported Rep. Sefronia Thompson State (Identify by name or, if applicable, classity by party.) B. Opposed 2. Measures (Identify by name or, if applicable or identify by name or, if applicable or identify applicable or identification or identifica

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPUSE				Page 5 of 31
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Podiatric Medic	al PAC		00016210	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Matt Shaheen State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			6 of 31
17 COMMIT	TEE NAME odiatric Medical PAC	18 Filer ID 00016210	(Ethics Commission Filers)
19 SCHEDI	ILE SUBTOTALS		CURTOTAL AMOUNT
NAME C	F SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,753.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 5,500.00
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.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 1/22 Rpt: 7/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 07/11/2024	 Full name of contributor out-of-state Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$40.00
	Dringing coou	Irving, TX 75061	lo.	Employer (See Instructions	<u></u>		
8	Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	s)		
	Date 08/11/2024	Full name of contributor out-of-state Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	Irving, TX 75061 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Podiatrist	pation / 300 title (See Instructions)		Self	P)		
	Date 09/11/2024	Full name of contributor out-of-state Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$20.00
		Irving, TX 75061					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 07/02/2024	Full name of contributor out-of-state Brancheau DPM, Steven (Dr.) Contributor address; City; State; Zip Code Greenville, TX 75402	-)		Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	<u>I</u> S)		
	Date 07/12/2024	Full name of contributor out-of-state Brancheau DPM, Steven (Dr.) Contributor address; City; State; Zip Code Greenville, TX 75402	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
			,				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 2/22 Rpt: 8/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 07/29/2024	 Full name of contributor out-of Drancheau DPM, Steven (Dr.) Contributor address; City; State; Zip Contributor address)	7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Greenville, TX 75402 pation / Job title (See Instructions)	l ₉	Employer (See Instructions) ()		
Ŭ	Podiatrist	odion 7 oob tile (occ moldono)	ľ	self	')		
	Date 08/12/2024	Full name of contributor out-of Brancheau DPM, Steven (Dr.) Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Greenville, TX 75402					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	i)		
	Date 08/29/2024	Full name of contributor out-of Brancheau DPM, Steven (Dr.) Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Greenville, TX 75402					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	i)		
	Date 09/13/2024	Full name of contributor out-of Brancheau DPM, Steven (Dr.) Contributor address; City; State; Zip C Greenville, TX 75402				Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 07/14/2024	Full name of contributor out-of Brill DPM, Leon (Dr.) Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u>		
			'				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 3/22 Rpt: 9/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 08/14/2024	 Full name of contributor out-of-state PAC (ID#:_Brill DPM, Leon (Dr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$50.00
_	Deignaignal	Dallas, TX 75231	1_	Family on (Can Instruction			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 09/14/2024	Full name of contributor out-of-state PAC (ID#:_ Brill DPM, Leon (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Dallas, TX 75231	_	Frankrije (Cook kodernstiere	_		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 07/15/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$25.00
		Austin, TX 78739					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#:_ Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code Austin, TX 78739)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code Austin, TX 78739				Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 4/22 Rpt: 10/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 07/02/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$80.00
8	Dringinal occu	Beaumont, TX 77702 pation / Job title (See Instructions)	l _a	Employer (See Instructions	<u>''</u>		
0	Podiatrist	pation / Job title (See Instructions)	9	Self	·)		
	Date 07/24/2024	Full name of contributor out-of-state PAC (ID#:_ Butts DPM, Turner (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
		Spring, TX 77389					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 08/24/2024	Full name of contributor out-of-state PAC (ID#:_ Butts DPM, Turner (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
		Spring, TX 77389					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 09/24/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	Spring, TX 77389 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 07/13/2024	Full name of contributor out-of-state PAC (ID#: Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code Yoakum, TX 77995)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 5/22 Rpt: 11/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 08/13/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
8		Yoakum, TX 77995 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Podiatrist Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code Yoakum, TX 77995		Self		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID#:_ Cerniglia DPM, Matthew (Dr.) Contributor address; City; State; Zip Code)	-	Amount of Contribution (\$)	\$25.00
	Principal occur	Azle, TX 76020 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Podiatrist	pation 7 000 title (See Instituctions)		Self	·)		
	Date 08/23/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	Azle, TX 76020 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Cerniglia DPM, Matthew (Dr.) Contributor address; City; State; Zip Code Azle, TX 76020)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 6/22 Rpt: 12/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 07/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
0	Dringing coou	Abilene, TX 79606	0	Employer (See Instructions	<u></u>		
8	podiatrist	pation / Job title (See Instructions)	פ	Employer (See Instructions self	»)		
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#:_Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Abilene, TX 79606					
	Principal occup podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Abilene, TX 79606					
	Principal occu podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Dodder DPM, Jason (Dr.) Contributor address; City; State; Zip Code Sherman, TX 75092)		Amount of Contribution (\$)	\$150.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 07/11/2024	Full name of contributor out-of-state PAC (ID#:_Fish DPM, Shay (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78229				Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	;)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 7/22 Rpt: 13/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 08/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_	5	San Antonio, TX 78229	_	5 1 (0 1 1 1			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 09/11/2024	Full name of contributor)		Amount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78229 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Podiatrist	,		Self	,		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Garrett, Alan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$225.00
		Fort Worth, TX 76126					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 07/25/2024	Full name of contributor out-of-state PAC (ID#:_ Gaynor-Elko DPM, Caroline (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78251)	•	Amount of Contribution (\$)	\$40.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID#:_ Gunther DPM, David (Dr.) Contributor address; City; State; Zip Code Houston, TX 77077	••••			Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this forr	m.	1	Total pages Schedule A1: Sch: 8/22 Rpt: 14/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commissio 00016210	n Filers)
4	Date 08/23/2024	 Full name of contributor out-of-state PAG Gunther DPM, David (Dr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Podiatrist Date 09/23/2024	Full name of contributor out-of-state PAG Gunther DPM, David (Dr.) Contributor address; City; State; Zip Code Houston, TX 77077		Self		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 08/22/2024	Full name of contributor out-of-state PAG Ivey DPM, Matt (Dr.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$250.00
		Sugar Land, TX 77478 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Podiatris Date 07/12/2024	Contributor address; City; State; Zip Code		Self		Amount of Contribution (\$)	\$50.00
	Principal occu podiatrist	Katy, TX 77450 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 08/12/2024	Full name of contributor out-of-state PAG Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code Katy, TX 77450	C (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 9/22 Rpt: 15/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 09/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Katy, TX 77450 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	podiatrist			Self			
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID#:_ Jenkins DPM, Suzanne (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Hillsoboro, TX 76645					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#: Jenkins DPM, Suzanne (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Hillsoboro, TX 76645					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID#:_ Jenkins DPM, Suzanne (Dr.) Contributor address; City; State; Zip Code Hillsoboro, TX 76645	••••)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson DPM, Matthew (Dr.) Contributor address; City; State; Zip Code Coppell, TX 75019)		Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 10/22 Rpt: 16/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 08/23/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Coppell, TX 75019 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Podiatrist Date 09/23/2024	Contributor address; City; State; Zip Code		Self	-	Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	Coppell, TX 75019 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 07/25/2024	Full name of contributor				Amount of Contribution (\$)	\$50.00
		Plano, TX 75024 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Podiatrist Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_ Khavari DPM, Naghmeh Lilly (Dr.) Contributor address; City; State; Zip Code		Self		Amount of Contribution (\$)	\$50.00
	Principal occu	Plano, TX 75024 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 07/21/2024	Full name of contributor out-of-state PAC (ID#:_LaGrone DPM, Frances (Dr.) Contributor address; City; State; Zip Code Sour Lake, TX 77659)	-	Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to c	omplete this forn	1.	1	Total pages Schedule A1: Sch: 11/22 Rpt: 17/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 08/22/2024	 Full name of contributor	ut-of-state PAC (ID#: ip Code)	7	Amount of Contribution (\$)	\$25.00
		Sour Lake, TX 77659					
8	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 09/23/2024	Full name of contributor on the contributor of the contributor address; City; State; Zity; State	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Sour Lake, TX 77659		Employor (Soo Instructions	·/		
	Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 08/30/2024	Full name of contributor ou Langlois DPM, Michael (Dr.) Contributor address; City; State; Zi	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78249					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 07/14/2024	Full name of contributor on the contributor of contributor on the contributor address; City; State; Zing Keller, TX 76244				Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 08/14/2024	Full name of contributor ou Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zi Keller, TX 76244	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 12/22 Rpt: 18/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 09/14/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Keller, TX 76244 pation / Job title (See Instructions)	<u>a</u>	Employer (See Instructions	;) 		
0	Podiatrist	pation / 300 title (See Instructions)	9	Self	"		
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ Lewis DPM, Brandon (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Dringing agg	San Antonio, TX 78240		Employer (Co.) Instructions	<u></u>		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 07/28/2024	Full name of contributor out-of-state PAC (ID#:_ Margolis DPM, Scott (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Houston, TX 77090-2611					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_ Margolis DPM, Scott (Dr.) Contributor address; City; State; Zip Code Houston, TX 77090-2611)		Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>(</u>		
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_ McClurkin DPM, Courtney (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75227)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
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	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 13/22 Rpt: 19/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 07/28/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Podiatrist Date 08/28/2024	Contributor address; City; State; Zip Code		Self		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	Fort Worth, TX 76107 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u>		
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#:_ Miller DPM, Jason C. (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	Kingwood, TX 77339 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 08/14/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	Kingwood, TX 77339 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u>		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Miller DPM, Jason C. (Dr.) Contributor address; City; State; Zip Code Kingwood, TX 77339)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 14/22 Rpt: 20/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 07/28/2024	 Full name of contributor out-of-state PAC (ID#: Nguyen DPM, Thanh (Dr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$10.00
8	Principal occu	San Antonio, TX 78212 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
Ū	Podiatrist	pation / cos tale (coe motions)	ľ	Self	-,		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_ Nguyen DPM, Thanh (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	D: : 1	San Antonio, TX 78212	_		<u></u>		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 08/27/2024	Full name of contributor out-of-state PAC (ID#:_Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code	<u>'</u>)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75231					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	Dallas, TX 75231 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID#: Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code Kennedale, TX 76060)	-	Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 15/22 Rpt: 21/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 08/23/2024	 Full name of contributor out-of-state PAC (ID# Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$25.00
_	Deignigal	Kennedale, TX 76060	ام	Faralousy (Cas Instructions			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID# Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Dringing! goog	Kennedale, TX 76060		Employer (See Instructions	<u></u>		
	Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID# Petty DPM, Jeffrey (Dr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$100.00
		Corsicana, TX 75110					
	Principal occu podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 07/21/2024	Full name of contributor out-of-state PAC (ID# Pitts DPM, Megan (Dr.) Contributor address; City; State; Zip Code Temple, TX 76502)		Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>I</u> S)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID# Pitts DPM, Megan (Dr.) Contributor address; City; State; Zip Code Temple, TX 76502	:			Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 16/22 Rpt: 22/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 09/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_	Drivainal	Temple, TX 76502	_	Franksian (Cookastustian			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson DPM, Patrick (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$60.00
	Principal occu	Temple, TX 76508 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	Podiatrist	pation / Job title (See Instructions)		Self	·)		
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson DPM, Patrick (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Temple, TX 76508					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson DPM, Patrick (Dr.) Contributor address; City; State; Zip Code Temple, TX 76508)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson DPM, Patrick (Dr.) Contributor address; City; State; Zip Code Temple, TX 76508)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 17/22 Rpt: 23/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 07/24/2024	 Full name of contributor out-of-state PAC (ID#:_ Saucier DPM, Taylor (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Houston, TX 77042 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:_ Saucier DPM, Taylor (Dr.) Contributor address; City; State; Zip Code Houston, TX 77042		Self		Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 08/24/2024	Full name of contributor out-of-state PAC (ID#:_ Saucier DPM, Taylor (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Houston, TX 77042 pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
	Podiatrist	patient 7 000 title (occ motivations)		Self	·)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Saucier DPM, Taylor (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	Houston, TX 77042 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550				Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 18/22 Rpt: 24/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 07/23/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$26.00
8	Principal occu	Harlingen, TX 78550 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
Ŭ	Podiatrist	pation / oob title (oce monactions)	•	Self	,		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:_Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.00
		Harlingen, TX 78550					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$26.00
		Harlingen, TX 78550					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ Slate DPM, Ronald (Dr.) Contributor address; City; State; Zip Code Angleton, TX 77515)		Amount of Contribution (\$)	\$40.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	<u>l</u> s)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_Solomon DPM, Carl D. (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75246)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 19/22 Rpt: 25/31	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 07/23/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Conroe, TX 77304 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Podiatrist	,		Self	•		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:_ Toole DPM, Roxanne (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Conroe, TX 77304					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Toole DPM, Roxanne (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Conroe, TX 77304					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID#:_ Treleven DPM, Kristen (Dr.) Contributor address; City; State; Zip Code Van Alstyne, TX 75495			•	Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:_ Treleven DPM, Kristen (Dr.) Contributor address; City; State; Zip Code Van Alstyne, TX 75495)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 20/22 Rpt: 26/31		
2	FILER NAME Texas Podia	FILER NAME Texas Podiatric Medical PAC		3	Filer ID (Ethics Commission 00016210	n Filers)	
4	Date 09/23/2024			7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	Van Alstyne, TX 75495 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Podiatrist						
	Date 09/16/2024			•	Amount of Contribution (\$)	\$200.00	
		Dallas, TX 75081					
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Podiatrist Self		Employer (See Instructions Self	s)			
	Date Full name of contributor out-of-state PAC (ID#:		:)		Amount of Contribution (\$)	\$40.00
		Austin, TX 78705					
	Principal occupation / Job title (See Instructions) Empl Podiatrist Self		Employer (See Instructions Self	s)			
	Date O7/02/2024 Full name of contributor out-of-state PAC (ID#:_ Ward DPM, Josh (Dr.) Contributor address; City; State; Zip Code Davie, FL 33312)		Amount of Contribution (\$)	\$40.00
			Employer (See Instructions	<u>I</u> S)			
	Date O7/29/2024 Full name of contributor out-of-state PAC (ID#:) Ward DPM, Josh (Dr.) Contributor address; City; State; Zip Code Davie, FL 33312			Amount of Contribution (\$)	\$20.00		
	Principal occu Podiatrist			Employer (See Instructions Self	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	The Instruction Guide explains how to complete this form.			n.	1	Total pages Schedule A1: Sch: 21/22 Rpt: 27/31	
2	FILER NAME Texas Podia	FILER NAME Texas Podiatric Medical PAC		3	Filer ID (Ethics Commission 00016210	Filers)		
4	Date 08/29/2024			7	Amount of Contribution (\$)	\$20.00		
		Davie, FL 33312						
8	Principal occu Podiatrist	pation / Job title (See Instruction	5)	9	Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/23/2024 Wilks DPM, Alton (Dr.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00			
	Dringing con	DeSota, TX 75115	2)	_	Employer (See Instructions	<u></u>		
	Podiatrist	pation / Job title (See Instruction	o)		Employer (See Instructions Self	o)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/23/2024 Wilks DPM, Alton (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
		DeSota, TX 75115						
	Principal occupation / Job title (See Instructions) Podiatrist Employer (See In Self		Employer (See Instructions Self	s)				
	Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$25.00		
	Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instruction Self		5)					
	Date Full name of contributor out-of-state PAC (ID#:) 07/23/2024 Wisdom DPM, Jill (Dr.) Contributor address; City; State; Zip Code Plano, TX 75024		•	Amount of Contribution (\$)	\$25.00			
	Principal occu Podiatrist			Employer (See Instructions self	s)			
				•				

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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

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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rsement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 2/3 Rpt: 30/31	Texas Podiatric Medical PAC 00016210				
4 Date	5 Payee name				
09/17/2024	Harless, Sam (Rep.)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$500.00	15814 Champion Forest PMB 312				
Expenditure from corporate funds	Spring, TX 77379				
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Candidate/Officeholder/Political Committee				
	our paign continuation				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experialitate to belieff of of	'				
Date	Payee name				
09/17/2024	Howard, Donna (Rep.)				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	P. O. Box 5375				
φ500.00	F. O. BOX 3373				
Expenditure from					
corporate funds	Austin, TX 78763				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
EXPENDITORE	Candidate/Officeholder/Political Committee				
	Political contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	1				
Date	Payee name				
09/17/2024	Lopez, Janie (Rep.)				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	P.O. Box 2073				
Funanditure from					
Expenditure from corporate funds	San Benito, TX 78586				
PURPOSE	I ma				
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	campaign contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 31/31	Texas Podiatric Medical PAC 00016210
4 Date	5 Payee name
09/24/2024	Shaheen, Matt (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	3917 Malton Drive
Expenditure from corporate funds	Plano, TX 75025
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	campaigh contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/17/2024	Thompson, Senfronia (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	7611 Sterlingshire
Expenditure from corporate funds	Houston, TX 77016
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
	campaign contribution
2 1 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H