#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00015622 122 Date Received COMMITTEE **Texas Optometric PAC ELECTRONICALLY FILED** NAME 10/18/2024 TREASURER Avery, Brenda J. (Ms.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) October 5 ORIGINAL PERIOD Month Year Month Year Day Day Date Imaged **COVERED THROUGH** 08/26/2024 09/25/2024 **EXPLANATION OF CORRECTION** TOPAC left out a contribution for \$25000 to the Greg Abbott Campaign 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Ms. Brenda J. Avery Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_\_ \_\_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 122 00015622 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Optometric PAC Date Received **ELECTRONICALLY FILED** 10/18/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 3011 N. Lamar Ste 300 Change of Address Austin, TX 78705 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Ms. Brenda J. NAME Date Processed NICKNAME **SUFFIX** LAST BJ Date Imaged Avery CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 3011 N. Lamar STREET **ADDRESS** Ste 300 (Residence or Business) Austin, TX 78705 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 707-2020 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 X October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024 **GO TO PAGE 2**

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Optometric PAC			0001562	22
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	51,807.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	290,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	428,297.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
		Ms. Breno	la J. Avery	
		Signature of Car	npaign Trea	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, th	is the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of of	fficer administering oath

#### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

					4 of 122
<b>17</b> COM	MITTE	E NAME	18 Filer ID	(Ethics Commis	sion Filers)
		cometric PAC	00015622	( )	,
			00010022	1	
		E SUBTOTALS		SUBTOTA	L AMOUNT
NAME	OFS	SCHEDULE			
1. [	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	51,807.80
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7. [		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	290,000.00
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.	Χ	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	8,311.16
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 1/58 Rpt: 5/122	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	Acosta O.D., Celeste	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$50.00
_		Helotes, TX 78023					
8	Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$100.00
	Principal occu	Sunnyvale, TX 75182 pation / Job title (See Instructions)		Employer (See Instructions			
	Optometrist	oation / Job title (See instructions)		Employer (See instructions	,		
	Date 09/15/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:  Code			Amount of Contribution (\$)	\$20.20
	Deinsinal	Pearland, TX 77584		Farada a (Osa da tanta di a			
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/15/2024	Allen O.D., Mark	of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	)		
			l				

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 2/58 Rpt: 6/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$400.00
_	Deireirel	Fort Worth, TX 76137	lo Fundame (Contrata di			
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 09/15/2024	Full name of contributor  out-of-state PAC (IE Amador O.D., Nancy Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Leander, TX 78641 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist			-,		
	Date 09/15/2024	Full name of contributor out-of-state PAC (IE Amin O.D., Opal  Contributor address; City; State; Zip Code	)#:)	•	Amount of Contribution (\$)	\$50.00
		Austin, TX 78730				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (IE Amir O.D., Nancy  Contributor address; City; State; Zip Code  San Antonio, TX 78240	)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (IE Anderson O.D., Vanessa Contributor address; City; State; Zip Code Amarillo, TX 79109			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			,			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 3/58 Rpt: 7/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$200.00
_	5	Fort Worth, TX 76008		<u> </u>		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (II Arora O.D., Rajan Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75227		Ĺ		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (II Arya O.D., Dimple  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
		Sugar Land, TX 77479				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (It Aston II O.D., William  Contributor address; City; State; Zip Code  Ft Worth, TX 76179	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (II Baker O.D., Catherine  Contributor address; City; State; Zip Code  Conroe, TX 77301			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/58 Rpt: 8/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
_		Mission, TX 78572				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Barajas O.D., Juan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Mission, TX 78572				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Barber O.D., Matt Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Ft. Worth, TX 76116-5525				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Barnes O.D., Sophia  Contributor address; City; State; Zip Code  Houston, TX 77056	)		Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Barraza O.D., Jessica  Contributor address; City; State; Zip Code  Killeen, TX 76542			Amount of Contribution (\$)	\$30.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/58 Rpt: 9/122	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commissio 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Bashover O.D., Matthew</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
		Arlington, TX 76011				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor  out-of-state PAC (ID# Bate O.D., Joy  Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$50.00
	Dringing agg	Haslet, TX 76052	Employer (See Instructions	<u></u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID# Bernay O.D., Deborah  Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$200.00
		La Porte, TX 77571	<b>.</b>			
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID# Bock O.D., Matthew  Contributor address; City; State; Zip Code  Houston, TX 77063	:)	•	Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID# Brantley O.D., Todd  Contributor address; City; State; Zip Code  Plano, TX 75024	:)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete th	nis form.	1	ges Schedule A1: 58 Rpt: 10/122	
2	FILER NAME Texas Optor	netric PAC		3 Filer ID 000156	(Ethics Commissio	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state PAC  out-of-st</li></ul>		7 Amount	of Contribution (\$)	\$5.00
		Seabrook, TX 77586				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)		
	Date 09/15/2024	Full name of contributor out-of-state PAC   Brinegar O.D., Vaughn  Contributor address; City; State; Zip Code	(ID#:)	Amount	of Contribution (\$)	\$20.20
	Dringing agg	Cedar Park, TX 78613	Employer (Coo Instruction	20)		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	15)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Brochetti O.D., Brenda  Contributor address; City; State; Zip Code	(ID#:)	Amount 	of Contribution (\$)	\$20.20
		Plano, TX 75075				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 09/15/2024	Full name of contributor out-of-state PAC of Brown O.D., Corwin  Contributor address; City; State; Zip Code  Cleburne, TX 76003	(ID#:)	Amount	of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 09/15/2024	Full name of contributor out-of-state PAC of Brownlee O.D., Chris  Contributor address; City; State; Zip Code  Galveston, TX 77550	(ID#:)	Amount	of Contribution (\$)	\$400.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	ns)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/58 Rpt: 11/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Carrollton, TX 75007 pation / Job title (See Instructions)	9 Employer (See Instructions	·/_		
0	Optometrist	oauon7 Job title (See Instructions)	5 Employer (See instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Bullard O.D., Heath  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Cleburne, TX 76033				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Burket O.D., Caitlin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.20
		Harlingen, TX 78552				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Butler O.D., W  Contributor address; City; State; Zip Code  Round Rock, TX 78681			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Campbell O.D., Megan  Contributor address; City; State; Zip Code  Celina, TX 75009			Amount of Contribution (\$)	\$26.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIE	BUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 8/58 Rpt: 12/122	
2	FILER NAME Texas Opton	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state  Cargo O.D., Jon</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$200.00
_		Irving, TX 75063			Ĺ		
8	Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state  Castleberry O.D., Kim  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$400.00
	Principal occu	Plano, TX 75024 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Optometrist	odition 7 300 title (See instituctions)		Employer (See mandenons	,,		
	Date 09/15/2024	Full name of contributor out-of-state Catuncan O.D., Jennifer  Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Bedford, TX 76022					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state Celico O.D., Brian  Contributor address; City; State; Zip Code  Dallas, TX 75231		)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state Cerda O.D., Juan Contributor address; City; State; Zip Code McAllen, TX 78501				Amount of Contribution (\$)	\$400.00
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 9/58 Rpt: 13/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$52.00
_		Houston, TX 77080		Ĺ		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (II Chen O.D., Alexander  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77004 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Optometrist	,	p 1,70 (2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	-,		
	Date 09/15/2024	Full name of contributor out-of-state PAC (If Cherry O.D., Brian  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$200.00
		Ft Worth, TX 76137				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (II Cheyne O.D., Chris  Contributor address; City; State; Zip Code  Granbury, TX 76049	D#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (III Cheyne O.D., Chris  Contributor address; City; State; Zip Code  Granbury, TX 76049	D#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIB	UTIONS	•		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	e this form		1	Total pages Schedule A1: Sch: 10/58 Rpt: 14/122	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state P Chu O.D., Victoria</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$52.00
_	5	Austin, TX 78745	- la -				
8	Optometrist	pation / Job title (See Instructions)	9 E	mployer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state P Cobb O.D., James  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
		Amarillo, TX 79107					
	Principal occu Optometrist	pation / Job title (See Instructions)	E	mployer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state P Colston O.D., Ben Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Arlington, TX 76013					
	Principal occu Optometrist	pation / Job title (See Instructions)	E	mployer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state P Conley O.D., Alex  Contributor address; City; State; Zip Code  Fort Worth, TX 76131				Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	E	mployer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state P Conroy O.D., Scott  Contributor address; City; State; Zip Code  Pasadena, TX 77505		)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	E	mployer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/58 Rpt: 15/122	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
	Dringing age	Dallas, TX 75252	O Employer (Coa Instructions	_		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Contaldi O.D., Mario  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.00
	Deinsinal assu	N. Richland Hills, TX 76180	Franks var (Caa kastuvatiana	_		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Cornett O.D., John Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$200.00
		Amarillo, TX 79109				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Correale O.D., Suzanne Contributor address; City; State; Zip Code Alvin, TX 77511	)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Cowan O.D., Steve  Contributor address; City; State; Zip Code  Amarillo, TX 79109			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
		,				

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 12/58 Rpt: 16/122	
2	FILER NAME Texas Optor	netric PAC	3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	5 Full name of contributor	7	Amount of Contribution (\$)	\$50.00
_		Atlanta, TX 75551			
8	Optometrist	pation / Job title (See Instructions)  9 Employer (See Instructions)	i) 		
	Date 09/15/2024	Full name of contributor		Amount of Contribution (\$)	\$50.00
	Principal occu	Fort Worth, TX 76107  pation / Job title (See Instructions) Employer (See Instructions)	.)		
	Optometrist	Employer (See instructions)	')		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:)  Culbertson O.D., Wayne  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00
	<u> </u>	Dallas, TX 75225			
	Optometrist	pation / Job title (See Instructions)  Employer (See Instructions)	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:)  Cummings O.D., Kory  Contributor address; City; State; Zip Code  Fort Worth, TX 76107		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)  Employer (See Instructions)	<u> </u>		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:)  Curtis O.D., Barry  Contributor address; City; State; Zip Code  Frisco, TX 75034		Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)  Employer (See Instructions)	<u> </u>		
		·			

	MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDU	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete t	his form.	1 Total pages Schedule A1: Sch: 13/58 Rpt: 17/122	
2	FILER NAME Texas Opton	netric PAC		3 Filer ID (Ethics Commission 00015622	on Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$100.00
_	<u> </u>	Amarillo, TX 79102	10.5 1 (0.1 1 11		
8	Optometrist	pation / Job title (See Instructions)	<b>9</b> Employer (See Instructions	ons)	
	Date 09/15/2024	Full name of contributor out-of-state PAC Dang O.D., Thuyhong  Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$)	\$50.00
	Dringinal occu	Houston, TX 77007 pation / Job title (See Instructions)	Employer (See Instructions	nne)	
	Optometrist	oation / Job title (See instructions)	Employer (See instructions	(פות	
	Date 09/15/2024	Full name of contributor out-of-state PAC  Dao O.D., Mavis  Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$)	\$20.00
		Pearland, TX 77584			
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ons)	
	Date 09/15/2024	Full name of contributor out-of-state PAC David O.D., Ashley  Contributor address; City; State; Zip Code  San Angelo, TX 76904	(ID#:)	Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	ons)	
	Date 09/15/2024	Full name of contributor out-of-state PAC Davis O.D., Mark  Contributor address; City; State; Zip Code  San Antonio, TX 78259	(ID#:)	Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ons)	
			•		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 14/58 Rpt: 18/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commissio 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (III Dawn O.D., Rakich</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
_		San Antonio, TX 78215		Ţ		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	IS)		
	Date 09/15/2024	Full name of contributor  out-of-state PAC (II Day, Jr O.D., Bob  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$200.00
	Deire die et e e e	Garland, TX 75041	Frankrije (Cook brothantier			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	IS)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (II DeLoach O.D., Joe Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (If DeMaggio O.D., Julie Contributor address; City; State; Zip Code Mansfield, TX 76063	D#:)		Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (If DeShaw O.D., Jonathan  Contributor address; City; State; Zip Code  Garland, TX 75042			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		

	MONET	ARY POLITICAL CONTRIB	BUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complet	e this for	m.	1	Total pages Schedule A1: Sch: 15/58 Rpt: 19/122	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state F</li> <li>Deakins O.D., Jennifer</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$200.00
_		Fort Worth, TX 76135			<u></u>		
8	Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/15/2024	Delay O.D., Richard	PAC (ID#:	)		Amount of Contribution (\$)	\$200.00
	Deinsinal	Boerne, TX 78015			<u></u>		
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state FDelk O.D., Kyle  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Cedar Park, TX 78613					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state Find Dennis O.D., Keith  Contributor address; City; State; Zip Code  Round Rock, TX 78664	-	)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state Find Diaz O.D., Yvonne  Contributor address; City; State; Zip Code  Edinburg, TX 78541		)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	s)		
			I				

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/58 Rpt: 20/122	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul><li>5 Full name of contributor</li><li>Dinh O.D., David</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code	_	7	Amount of Contribution (\$)	\$100.00
_	Discipal	Dallas, TX 75206	\ <u> </u>	O Faralassa (Octobration			
8	Optometrist	pation / Job title (See Instructions	(1)	9 Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor  Dolce O.D., Jackson  Contributor address; City; Si				Amount of Contribution (\$)	\$5.20
	Dringing! goog	Port Neches, TX 77651	<u>,                                      </u>	Employer (See Instructions	<u>''</u>		
	Optometrist	pation / Job title (See Instructions		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor  Dunnigan O.D., Shawn  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)	•	Amount of Contribution (\$)	\$200.00
		Lumberton, TX 77657					
	Principal occu Optometrist	pation / Job title (See Instructions	·)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor Duong O.D., Nghiem  Contributor address; City; St		)		Amount of Contribution (\$)	\$75.00
	Principal occu Optometrist	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor Ellis O.D., John Contributor address; City; Si El Paso, TX 79902	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions	()	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 17/58 Rpt: 21/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Ermis O.D., Keith</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
_		Wharton, TX 77488		Ĺ		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor  out-of-state PAC (ID#:  Eylar O.D., Crystal  Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	Allen, TX 75002 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist	salion, out this (eee motions)	Employor (GGC moradono)	-,		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Ezzell O.D., Steven  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$52.00
		Abilene, TX 79601				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Fandry O.D., Ellen  Contributor address; City; State; Zip Code  seabrook, TX 77586	)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Feeser O.D., Michael  Contributor address; City; State; Zip Code  Huntingtown, MD 20639		•	Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/58 Rpt: 22/122	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Gainesville, TX 76240				
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Flores O.D., Amador Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Deinsinal assu	Laredo, TX 78041	Franksian (Caalinatuustiana			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Fortenberry O.D., Sandra Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Helotes, TX 78023				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Gamini O.D., Safi  Contributor address; City; State; Zip Code  Plano, TX 75093			Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Garza O.D., Janet  Contributor address; City; State; Zip Code  Houston, TX 77064	)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)		
		,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/58 Rpt: 23/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Gee O.D., Kevin</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$400.00
0	Dringing agg	Missouri City, TX 77459	Employer (See Instructions	<u>,,</u>		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	o)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Gibson O.D., David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Lubbock, TX 79423				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Gonzalez O.D., Jaime  Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$100.00
		Plano, TX 75093				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Graham Hayter O.D., Paul Contributor address; City; State; Zip Code Irving, TX 75063	)	•	Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Gray O.D., David  Contributor address; City; State; Zip Code  Midland, TX 79705	)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIB	BUTIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 20/58 Rpt: 24/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
_	Deinsinal assu	Midland, TX 79705	D. Familia and (Construction)	±i===)		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
	Date 09/15/2024	Full name of contributor out-of-state F Greeman III O.D., Nelson Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78212 pation / Job title (See Instructions)	Employer (See Instruct	tions)		
	Optometrist	valion / Job title (See matrictions)	Employer (See instruct	110113)		
	Date 09/15/2024	Full name of contributor out-of-state F Greeman O.D., Kevin  Contributor address; City; State; Zip Code	PAC (ID#:)	)	Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78212				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
	Date 09/15/2024	Full name of contributor out-of-state F Green O.D., Leigh Contributor address; City; State; Zip Code Woodway, TX 76712	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instruct	tions)		
	Date 09/15/2024	Full name of contributor out-of-state F Greene O.D., Matthew  Contributor address; City; State; Zip Code  College Station, TX 77845	PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instruct	tions)		

	MONET	ARY POLITICAL CONTRIBI	JTIONS			SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this form.		1	Total pages Schedule A1: Sch: 21/58 Rpt: 25/122	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commissio 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state PA Greenstein O.D., Karena</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75216					
8	Principal occu Optometrist	pation / Job title (See Instructions)	<b>9</b> Em	ployer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PA Hall O.D., Jamie  Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$20.20
	Deinsinal assu	Wills Point, TX 75169	F	alayar (Caa Iratuyatiana			
	Optometrist	pation / Job title (See Instructions)	Em	ployer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PA Hammond O.D., Eric Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78750					
	Principal occu Optometrist	pation / Job title (See Instructions)	Em	ployer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PA Hanson O.D., Mark  Contributor address; City; State; Zip Code  Arlington, TX 76012	C (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Em	ployer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PA Harper O.D., Ellener  Contributor address; City; State; Zip Code  Fort Worth, TX 76131	AC (ID#:			Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	oation / Job title (See Instructions)	Em	ployer (See Instructions	)		
			'				

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 22/58 Rpt: 26/122	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commissio 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state PA Hart O.D., Peggy</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$50.00
_	5	Houston, TX 77079	la		<u></u>		
8	Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PA Harvey O.D., Cameo  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.20
	Dringing agg	Abilene, TX 79605		Employer (See Instructions	·/		
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PA Hawari O.D., Andy Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Mineola, TX 75773					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PA Hawkins O.D., Heidi Contributor address; City; State; Zip Code Amarillo, TX 79109				Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PA Heeg O.D., Paul  Contributor address; City; State; Zip Code  Coppell, TX 75019		)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A			
	The Instruc	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 23/58 Rpt: 27/122		
2	FILER NAME Texas Opton	netric PAC			Filer ID (Ethics Commission 00015622	n Filers)	
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00	
_		Miles, TX 76861	1	<u> </u>			
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	is)			
	Date 09/15/2024	Full name of contributor out-of-state PAC Helbert-Green O.D., Carolyn  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$100.00	
	Principal occu	Colleyville, TX 76034 pation / Job title (See Instructions)	Employer (See Instructions	18)			
	Optometrist	oution / Job title (See Instructions)	Employer (See mandenons	13)			
	Date 09/15/2024	Full name of contributor  out-of-state PAC Henry O.D., Amy  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$100.00	
		Victoria, TX 77904					
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	is)			
	Date 09/15/2024	Full name of contributor out-of-state PAC Hoang O.D., Bao Contributor address; City; State; Zip Code  Katy, TX 77494	(ID#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ns)			
	Date 09/15/2024	Full name of contributor out-of-state PAC Hoang O.D., Kathy  Contributor address; City; State; Zip Code  Katy, TX 77494	(ID#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ns)			
			•				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 24/58 Rpt: 28/122	
2	FILER NAME Texas Optor			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Hopping O.D., Desiree</li> <li>Contributor address; City; State; Zip Code</li> </ul>	:)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Friendswood, TX 77546 pation / Job title (See Instructions)	9 Employer (See Instructions	()		
	Optometrist	pation / Job title (See Instructions)	2 Employer (See Instructions	·)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID# Hutchins O.D., Jaclyn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78257 pation / Job title (See Instructions)	Employer (See Instructions			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID# Huynh O.D., Hieu  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75240	1			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID# Johle O.D., Sarah  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Hutto, TX 78634 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist					
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID# Johnson O.D., Murray  Contributor address; City; State; Zip Code  Dallas, TX 75287	:)		Amount of Contribution (\$)	\$400.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)		
			<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTION		E <b>A1</b>		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 25/58 Rpt: 29/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>	_	7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	San Antonio, TX 78229	10 5 1 10 1 1 1	<u></u>		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Jones O.D., Jeffrey  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Deire die alle access	Longview, TX 75605	T Familia de (Cara la structione	$\overline{\Gamma}$		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Jordan O.D., Emily  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78746				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Karanges O.D., Gayle Contributor address; City; State; Zip Code Arlington, TX 76005			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Kemp O.D., Robert  Contributor address; City; State; Zip Code  Houston, TX 77015-2310			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION		E <b>A1</b>		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/58 Rpt: 30/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$200.00
_	Dringing age	Beaumont, TX 77706	0 Employer (Coo Instructions	_		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Knight O.D., Millicent Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Deinsinal	Plano, TX 75093	Formalisman (October American	Ĺ		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Kocian O.D., Larry  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.00
		Harker Heights, TX 76548				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Kodukula O.D., Dipa Contributor address; City; State; Zip Code  Austin, TX 78717	)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Kuder O.D., Bryan  Contributor address; City; State; Zip Code  Carrollton, TX 75007			Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	i)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/58 Rpt: 31/122		
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)	
4	Date 09/15/2024	<ul><li>5 Full name of contributor [ Kuykendall O.D., Traci</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$100.00	
		Cleburne, TX 76033						
8	Principal occu Optometrist	pation / Job title (See Instructions)	!	9 Employer (See Instructions	s)			
	Date 09/15/2024	Full name of contributor Lagunas O.D., Claudio Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)	•	Amount of Contribution (\$)	\$400.00	
		The Woodlands, TX 77382 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	Optometrist Date	Full name of contributor	Taut of state BAC (ID)		Τ	Amount of Contribution (\$)		
	09/15/2024	Lam O.D., Sean	out-of-state PAC (ID#:		•	Amount of Continuation (4)	\$20.20	
		Houston, TX 77075						
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 09/15/2024	Full name of contributor  Lambert O.D., Sawyer  Contributor address; City; Sta  Houston, TX 77008		)	•	Amount of Contribution (\$)	\$100.00	
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 09/15/2024	Full name of contributor  Larry O.D., Gunnell  Contributor address; City; Sta  Witchita Falls, TX 76308	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00	
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)			
			l					

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A			
	The Instru	ction Guide explains how to complete tl	his fo	rm.	1	Total pages Schedule A1: Sch: 28/58 Rpt: 32/122	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Houston, TX 77072 pation / Job title (See Instructions)	l o	Employer (See Instructions	=)		
0	Optometrist	oation / Job title (See instructions)	ا	Employer (See instructions	·)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Le O.D., Hoan Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
	Daine die alle access	Spring, TX 76135		Faralasas (Ossalasatasatisas			
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC  Le O.D., Lisa  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
		Missouri City, TX 77459					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Lemanski O.D., Sundra Contributor address; City; State; Zip Code Austin, TX 78727		)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Linh O.D., Linh Contributor address; City; State; Zip Code Leander, TX 78641				Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULI	<b>E A1</b>	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 29/58 Rpt: 33/122	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$100.00
_		Cedar Park, TX 78613				
8	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Ly O.D., Alexandra Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77082 pation / Job title (See Instructions)	Employer (See Instructions	) 		
	Optometrist	oution / Job title (See manuchons)	Employer (See manuchons	')		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Mai O.D., Kelly  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Cypress, TX 77433				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		1				

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A			
	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 30/58 Rpt: 34/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
_		Cleburne, TX 76033	- I			
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See	Instructions)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Martin O.D., Michal Contributor address; City; State; Zip Code	C (ID#:		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78735 pation / Job title (See Instructions)	Employer (See	Instructions)		
	Optometrist	·		,		
	Date 09/15/2024	Full name of contributor out-of-state PAC Martinez O.D., Michelle  Contributor address; City; State; Zip Code	: (ID#:		Amount of Contribution (\$)	\$100.00
		Ft. Worth, TX 76244	1 - 1 /0			
	Optometrist	pation / Job title (See Instructions)	Employer (See	instructions)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Masters O.D., Trishna  Contributor address; City; State; Zip Code  Arlington, TX 76006	· (ID#:		Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See	Instructions)		
	Date 09/15/2024	Full name of contributor out-of-state PAC McCarty O.D., Dennis  Contributor address; City; State; Zip Code  Cedar Park, TX 78613	(ID#:		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See	Instructions)		
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	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	OULE A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/58 Rpt: 35/122		
2	FILER NAME Texas Optor				3	Filer ID (Ethics Commission 00015622	n Filers)	
4	Date 09/15/2024	<ul> <li>Full name of contributor</li> <li>McClain O.D., Christos</li> <li>Contributor address; City; Sta</li> </ul>		)	7	Amount of Contribution (\$)	\$20.20	
		College Station, TX 77845						
8	Principal occu Optometrist	pation / Job title (See Instructions)	!	9 Employer (See Instructions	s)			
	Date 09/15/2024	Full name of contributor McCormick O.D., Michael Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00	
	Principal occu Optometrist	Austin, TX 78759 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	Date 09/15/2024	Full name of contributor  McCown O.D., Joshua  Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00	
	Principal occu	Gatesville, TX 76528 pation / Job title (See Instructions)		Employer (See Instructions	-/- 			
	Optometrist -	pation / 300 title (See instructions)		Employer (See Instructions	•)			
	Date 09/15/2024	Full name of contributor  McDaniel O.D., Stephen  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$104.00	
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 09/15/2024	Full name of contributor McGowan O.D., Joseph Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00	
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)			
			l					

	MONET	ARY POLITICAL CONTRI		E <b>A1</b>			
	The Instruc	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 32/58 Rpt: 36/122	
2	FILER NAME Texas Opton	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state  out-o</li></ul>			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	North Richland Hills, TX 76180 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/		
•	Optometrist	oduon / 300 due (See mandedons)	ľ	Employer (See manucuons	')		
	Date 09/15/2024	Means O.D., Stephen		)		Amount of Contribution (\$)	\$400.00
	Dringing! aggs	Huntsville, TX 77340	<u> </u>	Employer (Coo Instructions	<u></u>		
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor out-of-state Montgomery O.D., Brandi Contributor address; City; State; Zip Code	e PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Missouri City, TX 77459					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Moon O.D., Debra				Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Moore O.D., Tory		)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL (	CONTRIBUTIO	)NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/58 Rpt: 37/122	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul><li>5 Full name of contributor Mora O.D., David</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$50.00
		Laredo, TX 78043					
8	Principal occu Optometrist	pation / Job title (See Instructions	6)	9 Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor Morozco O.D., Michael Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78240 pation / Job title (See Instruction:	s)	Employer (See Instructions	s)		
	Optometrist	(000	,		-,		
	Date 09/15/2024	Full name of contributor  Mosbacher O.D., Diane  Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75248					
	Principal occu Optometrist	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor Mosbacher O.D., Diane Contributor address; City; S Dallas, TX 75248				Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor Mozdbar O.D., Sima Contributor address; City; S Austin, TX 78750	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1			
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 34/58 Rpt: 38/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$20.20
_		Spring, TX 77002	T			
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Newman O.D., Clarke  Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$400.00
	Dringing aggr	Dallas, TX 75201	Employer (Coo Instructions	<u></u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Newton O.D., Ronald Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$100.00
		Laredo, TX 78040				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Nguyen O.D., Hai  Contributor address; City; State; Zip Code  Portland, TX 78374	C (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Nguyen O.D., Jenifer Contributor address; City; State; Zip Code Addison, TX 75001	C (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 35/58 Rpt: 39/122			
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commissio 00015622	n Filers)		
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$50.00		
_		Richardson, TX 75082	1-						
8	Principal occu Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	i)				
	Date 09/15/2024	Nguyen O.D., Long		)		Amount of Contribution (\$)	\$20.20		
	Principal occu	Houston, TX 77059 pation / Job title (See Instructions)		Employer (See Instructions	) 				
	Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	')				
	Date 09/15/2024	Full name of contributor out-of-sta  Nguyen O.D., Quan  Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$100.00		
		Houston, TX 77072							
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	i)				
	Date 09/15/2024	Nguyen O.D., Steve				Amount of Contribution (\$)	\$200.00		
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>				
	Date 09/15/2024	Nguyen O.D., Thai-An				Amount of Contribution (\$)	\$100.00		
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	;)				

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1			
	The Instru	ction Guide explains how to complete	this form.	1	otal pages Schedule A1: Sch: 36/58 Rpt: 40/122	
2	FILER NAME Texas Optor	netric PAC		1	iler ID (Ethics Commission 0015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state PA Nguyen O.D., Tu</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 A	mount of Contribution (\$)	\$50.00
_		Cypress, TX 77429				
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 09/15/2024	Full name of contributor out-of-state PA Nguyen O.D., Vicki Contributor address; City; State; Zip Code	AC (ID#:)		amount of Contribution (\$)	\$50.00
	Deinsinal assu	Grand Prairie, TX 75054	Frankriger (Cook lastwestis no			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 09/15/2024	Full name of contributor out-of-state PA Nichols O.D., Brian Contributor address; City; State; Zip Code	AC (ID#:)		mount of Contribution (\$)	\$200.00
		Mt Pleasant, TX 75455				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PA O'Brien O.D., Lisa Contributor address; City; State; Zip Code  Amarillo, TX 79109	AC (ID#:)		smount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PA Ousley O.D., Bruce Contributor address; City; State; Zip Code Highland Village, TX 75077	AC (ID#:)		amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL CONTRIE	IS	SCHEDULE A1			
	The Instru	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 37/58 Rpt: 41/122	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state Park O.D., Jon</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
8	Dringinal occu	Irving, TX 75063 pation / Job title (See Instructions)	lo.	Employer (See Instructions	·/-		
0	Optometrist	oalion / Job tille (See Instructions)	ا	Employer (See Instructions	)		
	Date 09/15/2024	Pass O.D., Hulon	PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Fort Stockton, TX 79735					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state  Pass O.D., Joshua  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Fort Stockton, TX 79735					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/15/2024	Patel O.D., Ajay	PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state Patel O.D., Neha  Contributor address; City; State; Zip Code  Fort Worth, TX 76137				Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1		
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 38/58 Rpt: 42/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commissio 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state PAC Patel O.D., Nimisha</li> <li>Contributor address; City; State; Zip Code</li> </ul>	,	7	Amount of Contribution (\$)	\$20.20
0	Dringing con	Houston, TX 77027	Employer (See Instruction			
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instruction:	15)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Patel O.D., Riyal  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$100.00
	Dringing agg	Austin, TX 78704	Employer (See Instruction			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instruction:	15)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Patel O.D., Samir  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$200.00
		Beaumont, TX 77706				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instruction	is)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Patrick O.D., Carey  Contributor address; City; State; Zip Code  Allen, TX 75002	(ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Pena O.D., Benny Contributor address; City; State; Zip Code  Kerrville, TX 78028	(ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instruction	ıs)		
			'			

	MONET	ARY POLITICAL CON	NTRIBUTION	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	complete this forn	n.	1 Total pages Schedule A1: Sch: 39/58 Rpt: 43/122		
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>	ut-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$52.00
		Georgetown, TX 78628					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 09/15/2024	Full name of contributor o o Peterson O.D., Christopher Contributor address; City; State; Z	zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Carrolton, TX 75006 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Optometrist						
	Date 09/15/2024	Full name of contributor operators of contributor address; City; State; Z	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$26.00
		Webster, TX 77598					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor o o Philip O.D., Blessy Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$20.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/15/2024	Phillips O.D., Jeff	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	)		
			<b>-</b>				

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 40/58 Rpt: 44/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Pillai O.D., Anith</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$100.00
_	Dringing aggr	Sugarland, TX 77479	C Employer (See Instructions	<u></u>		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor  uut-of-state PAC (ID# Pollard O.D., Paige  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00
		Midlothian, TX 76065				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID# Poole O.D., Mohan  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$100.00
		Marble Falls, TX 78654				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID# Prapta O.D., Shawn  Contributor address; City; State; Zip Code  Mansfield, TX 76063	:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID# Prati O.D., Martin  Contributor address; City; State; Zip Code  Houston, TX 77058			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 41/58 Rpt: 45/122		
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)	
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00	
_	Deireirel	Spring, TX 77379	la Funda de Contrata di Santa				
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID Proske O.D., Paul Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00	
		Spring, TX 77379	1	Ĺ			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID Pulpan O.D., Stephanie  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00	
		Perryton, TX 79070					
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID Quinlivan O.D., Paige  Contributor address; City; State; Zip Code  Georgetown, TX 78628	)		Amount of Contribution (\$)	\$50.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> s)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID Ramirez O.D., Angie  Contributor address; City; State; Zip Code  Pharr, TX 78582	<u> </u>		Amount of Contribution (\$)	\$100.00	
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 42/58 Rpt: 46/122		
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)	
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$100.00	
_	Daine in a la casa	McAllen, TX 78504					
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Ramirez-Shank O.D., Diane  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00	
	Drincinal occu	San Antonio, TX 78232 pation / Job title (See Instructions)	Employer (See Instructions				
	Optometrist	oalion7 Job title (See instructions)	Employer (See instructions	)			
	Date 09/15/2024	Full name of contributor  out-of-state PAC (ID#:_ Ratcliff O.D., Reagan  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00	
		Friendswood, TX 77546					
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_Reneau O.D., Aaron  Contributor address; City; State; Zip Code  Kingwood, TX 77345	)		Amount of Contribution (\$)	\$100.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Reynolds O.D., Samantha Contributor address; City; State; Zip Code Haslet, TX 76052			Amount of Contribution (\$)	\$52.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)			
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	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/58 Rpt: 47/122		
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	ı Filers)	
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00	
8	Principal occu	Allen, TX 75013 pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Optometrist  Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Robertson O.D., Reid Contributor address; City; State; Zip Code Allen, TX 75013		,	Amount of Contribution (\$)	\$100.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions)	)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson O.D., Beth Contributor address; City; State; Zip Code Friendswood, TX 77546	)		Amount of Contribution (\$)	\$100.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions)	)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Robinson O.D., Nathaniel  Contributor address; City; State; Zip Code  Lufkin, TX 75904			Amount of Contribution (\$)	\$100.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Rodriguez O.D., Jaime  Contributor address; City; State; Zip Code  Weslaco, TX 78596	)		Amount of Contribution (\$)	\$50.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions)	)			

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 44/58 Rpt: 48/122		
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)	
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (I Rojas O.D., Luis</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$100.00	
_		Dallas, TX 75204	10.5.1.70.1.1.1	Ļ			
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instruction:	is)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (I Rosemore O.D., Corey  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$20.20	
	Deinsinal assu	Frisco, TX 75035	Familia var (Coo Instruction				
	Optometrist	pation / Job title (See Instructions)	Employer (See Instruction:	is)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (I Rosemore O.D., Ryan Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00	
		Frisco, TX 75033					
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instruction:	ıs)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (I Salchak O.D., Robert  Contributor address; City; State; Zip Code  Sugarland, TX 77479	D#:)		Amount of Contribution (\$)	\$100.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (I Sandberg O.D., Kyle Contributor address; City; State; Zip Code San Antonio, TX 78229	D#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
			•				

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 45/58 Rpt: 49/122	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (II Sappington O.D., Amanda</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
_	Deinsinal assu	Amarillo, TX 79119	O Familia van (Cara landeventione	<u></u>		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 09/15/2024	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Optometrist			-,		
	Date 09/15/2024	Full name of contributor out-of-state PAC (II Segu O.D., Pat  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
		Missouri City, TX 77459				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (II Shandley O.D., Brian  Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	D#:)		Amount of Contribution (\$)	\$400.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (II Shannon O.D., Bridget  Contributor address; City; State; Zip Code  Frisco, TX 75035	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 46/58 Rpt: 50/122	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
_	Daine in a la casa	Austin, TX 78727	lo Faralana (One Instruction			
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instruction	18)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Shidlofsky O.D., Charles Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Plano, TX 75024 pation / Job title (See Instructions)	Employer (See Instruction	18)		
	Optometrist	oution / Job title (See Instituctions)	Employer (See instruction	13)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Sianghio O.D., Leyden  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$20.20
		San Antonio, TX 78255				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instruction	าร)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Sitterle O.D., Scott  Contributor address; City; State; Zip Code  San Antonio, TX 78247	(ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instruction	าร)		
	Date 09/15/2024	Full name of contributor out-of-state PAC Sorrenson O.D., Laurie  Contributor address; City; State; Zip Code  Cedar Park, TX 78613	(ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instruction	าร)		

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 47/58 Rpt: 51/122		
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)	
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00	
		Uvalde, TX 78801					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID Stephens O.D., Nancy  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$20.20	
	Principal occu	Pearland, TX 77581 pation / Job title (See Instructions)	Employer (See Instructions	e)			
	Optometrist	oation / Job title (See instructions)	Employer (See Instructions	3)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID Steven O.D., Kurtin  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$200.00	
		Dallas, TX 75252					
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID Strickland O.D., Clipper  Contributor address; City; State; Zip Code  Big Spring, TX 79720	#:)		Amount of Contribution (\$)	\$20.20	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID Strong O.D., Jane  Contributor address; City; State; Zip Code  Cypress, TX 77419	#:)		Amount of Contribution (\$)	\$100.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)			
			•				

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS .		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 48/58 Rpt: 52/122	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul><li>5 Full name of contributor Sturm O.D., Mark</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
		Austin, TX 78749					
8	Principal occu Optometrist	pation / Job title (See Instructions	)	9 Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor Sullivan O.D., Mitchell Contributor address; City; St		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Carrollton, TX 75006 pation / Job title (See Instructions		Employer (See Instructions	<u>s)</u>		
	Accountant	pation / 300 title (See matractions	,	Employer (See mandenone	3)		
	Date 09/15/2024	Full name of contributor  Taylor O.D., Alicia  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)	•	Amount of Contribution (\$)	\$5.00
		Dallas, TX 75243					
	Principal occu Optometrist	pation / Job title (See Instructions	·)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor Taylor O.D., Erin Contributor address; City; St Amarillo, TX 79110				Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor Terrell O.D., Jenny Contributor address; City; St Hurst, TX 76054				Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions	)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL COI	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 49/58 Rpt: 53/122	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	Filers)
4	Date 09/06/2024	<ul> <li>Full name of contributor</li></ul>	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$) \$2	25,000.00
_		Austin, TX 78767					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	)		
	Date 09/15/2024	Thames O.D., Lacey  Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	Hutto, TX 78634 pation / Job title (See Instructions)	1	Employer (See Instructions	)		
	Optometrist						
	Date 09/15/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Amarillo, TX 79109 pation / Job title (See Instructions)	1	Employer (See Instructions	) 		
	Optometrist	pation 7 oob title (oce motivations)		Employer (See mandenons	,		
	Date 09/15/2024	Thomas O.D., Jeff	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/15/2024	Full name of contributor  Thompson O.D., Melanie  Contributor address; City; State; 2  Amarillo, TX 79109	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	)		
			l				

	MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 50/58 Rpt: 54/122		
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)	
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00	
		Longview, TX 75605					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)			
	Date 09/15/2024	Full name of contributor out-of-state PAC Tilson O.D., Alan Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu	Irving, TX 75038 pation / Job title (See Instructions)	Employer (See Instructions	3)			
	Optometrist		Employer (See metadelone	3)			
	Date 09/15/2024	Full name of contributor out-of-state PAC Tovias O.D., Mayra  Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$100.00	
		Santa Fe, TX 77510					
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 09/15/2024	Full name of contributor out-of-state PAC Tran O.D., Anthony Contributor address; City; State; Zip Code Dallas, TX 75206	C (ID#:)	•	Amount of Contribution (\$)	\$100.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/15/2024	Full name of contributor out-of-state PAC Tran O.D., Jessica Contributor address; City; State; Zip Code  Austin, TX 78759	C (ID#:)		Amount of Contribution (\$)	\$20.20	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 51/58 Rpt: 55/122	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul><li>5 Full name of contributor [ Tran O.D., Joshua</li><li>6 Contributor address; City; Sta</li></ul>			7	Amount of Contribution (\$)	\$5.20
_	Dringing age	Richmond, TX 77407	1,	) Employer (Coo Instructions	<u></u>		
8	Optometrist	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor [ Tran O.D., Lori Contributor address; City; Sta				Amount of Contribution (\$)	\$200.00
	Principal occu	Plano, TX 75024 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Optometrist	pation / 300 title (See instructions)		Employer (See instructions	)		
	Date 09/15/2024	Full name of contributor [ Tran O.D., Toan Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Carrollton, TX 75010					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor  Trichel O.D., Jessica  Contributor address; City; Sta  Texarkana, TX 75503				Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor Trinh O.D., Kim Contributor address; City; Sta Austin, TX 78728	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL CONTRIB	NS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 52/58 Rpt: 56/122	
2	FILER NAME Texas Opton	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>	-	)	7	Amount of Contribution (\$)	\$50.00
_	Deire sin al access	Ganado, TX 77962	la.	Frankrije (O. a. kratinski ara	$\overline{\Gamma}$		
8	Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/15/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78258  pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Optometrist	,			,		
	Date 09/15/2024	Full name of contributor out-of-state P.  Twa O.D., Michael  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Houston, TX 77019					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state P. Tybor O.D., David  Contributor address; City; State; Zip Code  Austin, TX 78749	-			Amount of Contribution (\$)	\$400.00
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state P. Tybor O.D., John  Contributor address; City; State; Zip Code  Austin, TX 78746		)		Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL CONTRIB	BUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 53/58 Rpt: 57/122	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	Filers)
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>	-	)	7	Amount of Contribution (\$)	\$50.00
_		McKinney, TX 75070					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state FUTIZAT O.D., Jocelyn  Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$50.00
	Deinsinal	Houston, TX 77077		Formula van (O a a la atomatica a	<u></u>		
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state F Vasquez O.D., Celina Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Palmview, TX 78572					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state F Vaughn O.D., Jamel  Contributor address; City; State; Zip Code  Lubbock, TX 79416	,	)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/15/2024	Full name of contributor out-of-state F Voigt O.D., Kevin  Contributor address; City; State; Zip Code  Corpus Christi, TX 78414		)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 54/58 Rpt: 58/122		
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)	
4	Date 09/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Vorster O.D., Edward</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$400.00	
•	Dringing oggu	Silsbee, TX 77656	Employer (See Instructions				
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Wagner O.D., Troy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00	
	Principal occu	The Woodlands, TX 77382 pation / Job title (See Instructions)	Employer (See Instructions				
	Optometrist	oation / Job title (See Instructions)	Employer (See instructions	')			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Wallace O.D., August  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.20	
		Longview, TX 75603					
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Walters O.D., Mary Kate  Contributor address; City; State; Zip Code  Fort Worth, TX 76008	)		Amount of Contribution (\$)	\$104.00	
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#: Warstler O.D., Ashley  Contributor address; City; State; Zip Code  Houston, TX 77042			Amount of Contribution (\$)	\$50.00	
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	i)			
			'				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 55/58 Rpt: 59/122		
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)	
4	Date 09/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$200.00	
0	Dringing con	Spring, TX 77379	Employer (See Instructions	·/			
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	·)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Wedel O.D., Karl  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00	
		Cleburne, TX 76033					
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Weedman O.D., Audrey  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00	
		New Braunfels, TX 78132					
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_ Wei O.D., Deborah  Contributor address; City; State; Zip Code  Plano, TX 75024			Amount of Contribution (\$)	\$52.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_West O.D., Jacob  Contributor address; City; State; Zip Code  Flint, TX 75762			Amount of Contribution (\$)	\$100.00	
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 56/58 Rpt: 60/122		
2	FILER NAME Texas Optor	netric PAC	3	Filer ID (Ethics Commission 00015622	Filers)	
4	Date 09/15/2024	5 Full name of contributor	7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	San Antonio, TX 78223  pation / Job title (See Instructions)  9 Employer (See Instructions)	(s)			
_	Optometrist		<u>'</u>			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:) Wiechmann O.D., Alexandra  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.20	
	Principal occu	San Antonio, TX 78209  pation / Job title (See Instructions)  Employer (See Instructions)	;) 			
	Optometrist	, , , , , , , , , , , , , , , , , , , ,	,			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:) Wild O.D., Tristan  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00	
	Detection	Austin, TX 78730	$\overline{\Gamma}$			
	Optometrist	pation / Job title (See Instructions)  Employer (See Instructions)	<del></del>			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:)  Wilken O.D., Bret  Contributor address; City; State; Zip Code  Coppell, TX 75019		Amount of Contribution (\$)	\$50.00	
	Principal occu Optometrist	pation / Job title (See Instructions)  Employer (See Instructions	<u> </u> 5)			
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:) Williams O.D., Bryan Contributor address; City; State; Zip Code  Dallas, TX 75226		Amount of Contribution (\$)	\$20.20	
	Principal occu Optometrist	pation / Job title (See Instructions)  Employer (See Instructions)	5)			
		1				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 57/58 Rpt: 61/122	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commissio 00015622	n Filers)
4	Date 09/15/2024	5 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
		Joplin, MO 64804				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/15/2024 Wilson O.D., Kent  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Terrell, TX 75160 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Optometrist	•				
	Date 09/15/2024	Full name of contributor out-of-state PAC ( Wright O.D., David  Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$200.00
	Seminole, TX 79360					
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/15/2024	Full name of contributor out-of-state PAC ( Wright O.D., Lance  Contributor address; City; State; Zip Code  Seminole, TX 79360	ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Optometrist					
	Date 09/15/2024	Full name of contributor out-of-state PAC ( Yates O.D., Ashleigh  Contributor address; City; State; Zip Code  San Antonio, TX 78247	ID#:)		Amount of Contribution (\$)	\$10.40
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			'			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 58/58 Rpt: 62/122		
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 09/15/2024	5 Full name of contributor out-of-state PAC (ID#:) Yee O.D., Jamie  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$100.00
0	Dringing agg	Dallas, TX 75033	lo.	Employer (See Instructions	·/		
8	Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	·)		
	Date 09/15/2024	Yeh O.D., Shihwei	PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Frisco, TX 75035	-		<u></u>		
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state Yousef O.D., Deliah Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$104.00
	Austin, TX 78746						
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor out-of-state Zhang O.D., Joyce Contributor address; City; State; Zip Code San Antonio, TX 78209		)		Amount of Contribution (\$)	\$20.20
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Optometrist						
	Date 09/15/2024	Full name of contributor out-of-state Zike O.D., Abigail Contributor address; City; State; Zip Code College Station, TX 77845		)		Amount of Contribution (\$)	\$52.00
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	s)		
			1				

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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
OTHER (outer a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I 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: 1/58 Rpt: 63/122	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Aicha Davis Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 4525
Expenditure from corporate funds	Dallas, TX 75208
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/03/2024	Alan Schoolcraft Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 4525
Evponditure from	
Expenditure from corporate funds	Dallas, TX 75208
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Date	Daysa nama
	Payee name
09/03/2024	Alma Allen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3717 Cork Dr.
Expenditure from corporate funds	Houston, TX 77047
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:				
Sch: 2/58 Rpt: 64/122	Texas Optometric PAC 00015622			
4 Date	5 Payee name			
09/03/2024	Ana Hernandez Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	PO Box 15538			
, ,				
Expenditure from	Hauster TV 77014			
corporate funds	Houston, TX 77011			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaign Contributions			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/Oi				
Date	Payee name			
09/03/2024	Ana-Maria Ramos Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
` '	PO Box 852227			
\$1,000.00	PO BOX 852221			
Expenditure from				
corporate funds	Richardson, TX 75085			
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			
	Campaign Contributions			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			
Date	Payee name			
09/03/2024	Andy Hopper Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	PO Box 1052			
Expenditure from				
corporate funds	Decatur, TX 76234			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense			
	Campaign Contributions			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH			

### SCHEDULE F1

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

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

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

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: 3/58 Rpt: 65/122	Texas Optometric PAC 00015622		
4 Date	5 Payee name		
09/03/2024	Angela Paxton Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,000.00	PO Box 2878		
Expenditure from corporate funds	McKinney, TX 75070		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	Campaign Contributions		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/03/2024	Angelia Orr Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	1800 Nueces St.		
, ,			
Expenditure from corporate funds	Austin, TX 78701		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
	Campaign Contributions		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/03/2024	Angie Chen Button Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 832748		
Expenditure from corporate funds	Richardson, TX 78083		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
	Campaign Contributions		
0 1. 6			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
onponential to bollont 0/01			

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment				
Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 4/58 Rpt: 66/122	Texas Optometric PAC 00015622			
4 Date	5 Payee name			
09/03/2024	Ann Johnson Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,000.00	PO Box 56386			
Expenditure from corporate funds	Houston, TX 77256			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Campaign Contributions			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experialitie to belieff C/OI	'			
Date	Payee name			
09/03/2024	Armando Martinez Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	800 W. Railroad St, Room 111			
Funanditura from				
Expenditure from corporate funds	Weslaco, TX 78596			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaign Contributions			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
09/03/2024	Armando Walle Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	PO Box 16101			
Expenditure from				
corporate funds	Houston, TX 77222			
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			
	Sumpaign Contributions			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH			

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 5/58 Rpt: 67/122	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Barbara Gervin-Hawkins Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 39602
- "	
Expenditure from corporate funds	San Antonio, TX 78218
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuations
O Commission Chill V if all	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Ben Bumgarner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5150 Kensington Ct
Expenditure from corporate funds	Flower Mound, TX 75022
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 Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Bob Hall Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 513
Expenditure from corporate funds	Canton, TX 75103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENINE UPF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	¬

### SCHEDULE F1

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

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
OTHER (other a cottographed listed above)

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: 6/58 Rpt: 68/122	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Bobby Guerra Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	2416 Dorado Dr
Expenditure from corporate funds	Mission, TX 78573
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Borris Miles Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	5302 Almeda Road
, , , , , , , , , , , , , , , , , , , ,	
Expenditure from corporate funds	Houston, TX 77004
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Brad Buckley Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1321 Pershing Dr
•	
Expenditure from corporate funds	Killeen, TX 76549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorale to belieff C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total marine Cabadula F1.	·	
1 Total pages Schedule F1: Sch: 7/58 Rpt: 69/122	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Optometric PAC00015622	
4 Date	5 Payee name	
09/03/2024	Brandon Creighton Campaign	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 715 W. Davis, Box #265	
Expenditure from corporate funds	Conroe, TX 77301	
8 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	
	Campaign Contributions	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/03/2024	Brent Hagenbuch Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	2800 Shoreline Dr #310	
Ψ2,000.00	2000 Shoreline Dr #310	
Expenditure from corporate funds	Denton, TX 76210	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
LXI ENDITORE	Candidate/Officeholder/Political Committee	
	Campaign Contributions	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/03/2024	Brent Money Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	2606 Lee St	
Expenditure from		
corporate funds	Greenville, TX 75401	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contributions	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 8/58 Rpt: 70/122	Texas Optometric PAC 00015622			
4 Date	5 Payee name			
09/03/2024	Brian Birdwell Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,000.00	PO Box 111			
Expenditure from corporate funds	Granbury, TX 76048			
8 PURPOSE				
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 Check if Austin, TX, officeholder living expense			
	Campaign Contributions			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
09/03/2024	Brian Harrison Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	PO Box 2910			
Expenditure from corporate funds	Austin, TX 78768			
•				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By			
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			
	Campaign Contributions			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
09/03/2024	Briscoe Cain Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	PO Box 7			
Expenditure from corporate funds	Deer Park, TX 77536			
•				
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 Campaign Contributions			
	Campaign Continuations			
Complete ONLY if allow	Condidate/Officeholder name Office accepts			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
3poa.a.a to bonom 0/01				
1				

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 9/58 Rpt: 71/122	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Brooks Landgraf Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O Box 13146
. ,	
Expenditure from	Odosco TV 70760
corporate funds	Odessa, TX 79768
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to borionic eye	
Date	Payee name
09/03/2024	Bryan Hughes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	PO Box 450
Ψ10,000.00	1 0 80% 430
Expenditure from	
corporate funds	Mineola, TX 75773
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 Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	л 
Date	Payee name
09/03/2024	Candy Noble Campaign
Amount (\$)	
` '	
\$2,000.00	1105 E. Main St #223
Expenditure from	
corporate funds	Allen, TX 75002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	d

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 10/58 Rpt:	Texas Optometric PAC 00015622		
4 Date	5 Payee name		
09/03/2024	Carl Tepper Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	PO Box 94534		
Expenditure from corporate funds	Lubbock, TX 79493		
8 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		
	Campaign Contributions		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/03/2024	Caroline Fairly Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 20445		
Expenditure from corporate funds	Amarillo, TX 79114		
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		
	Campaign Contributions		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/03/2024	Caroline Harris Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00	PO Box 700		
Expenditure from corporate funds	Round Rock, TX 78680		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Candidate/Officeholder/Political Committee		
	Sampaigh Continuations		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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:	
Sch: 11/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Carrie Isaac Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	100 Commons Road #7-125
Expenditure from	Deligation Cartings, TV 70000
corporate funds	Dripping Springs, TX 78620
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.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuations
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experioritire to benefit C/OI	
Date	Payee name
09/03/2024	Cassandra Hernandez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1289
, ,	
Expenditure from	Addison TV 75001
corporate funds	Addison, TX 75001
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
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
09/03/2024	Cecil Bell Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 819
, _,ccc.oo	
Expenditure from	Magnelia TV 772FF
corporate funds	Magnolia, TX 77355
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
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft G/OI	•

### 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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 12/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Cesar Blanco Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	5630 Gateway E Suite 10J
Expenditure from corporate funds	El Paso, TX 79905
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Charlene Ward Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 925775
+2,000.00	. 6 26/(626116
Expenditure from corporate funds	Houston, TX 77292
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 Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Charles Cunningham Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	114 West Higgins
Expenditure from corporate funds	Humble, TX 77338
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
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
	Campaign Contributions
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	·
· ·	
Sch: 13/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Charles Perry Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	4007 109th St.
Expenditure from corporate funds	Lubbock, TX 79443
<u> </u>	Lubbook, 17/10440
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
2/11/2/11/2/12	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
09/03/2024	, in the second
09/03/2024	Charles Schwertner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	101 Spearpoint Cove
Expenditure from	Coorgotowa TV 70020
corporate funds	Georgetown, TX 78628
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.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/03/2024	Charlie Geren Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 1440
\$2,000.00	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	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if Austin, TX, officeholder living expense
	Campaign Contributions
	Sampaigh Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 14/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Chris Turner Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	201 Meandering Ln.
Expenditure from corporate funds	Burleson, TX 76028
8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
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
	Campaign Contributions
	Campaigh Contributions
O Complete CNII V if alian-	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/Ol	
Date	Payee name
09/03/2024	Christian Manuel Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	505 Orleans St
\$1,000.00	303 Officialis St
Expenditure from	
corporate funds	Beaumont, TX 77701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Date	Davies name
	Payee name
09/03/2024	Claudia Ordaz Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1200 Golden Key Circle, Ste 310
Expenditure from corporate funds	El Paso, TX 79925
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 15/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Cody Harris Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1000 Avenue A
Expenditure from corporate funds	Palestine, TX 75801
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/03/2024	Cody Vasut Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2724
Expenditure from corporate funds	Angleton, TX 77516
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/03/2024	Cole Hefner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 167
Expenditure from corporate funds	Mount Pleasant, TX 75456
PURPOSE	
OF 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 Check if Austin, TX, officeholder living expense
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

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
OTHER (enter a category not listed above)

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: 16/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Dade Phelan Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	PO Box 848
Expenditure from corporate funds	Nederland, TX 77627
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
09/03/2024	Dan Patrick Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	PO Box 70073
Expenditure from corporate funds	Houston, TX 77270
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuations
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	· ·
Date	Payee name
09/03/2024	Daniel Alders Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 8907
Expenditure from corporate funds	Tyler, TX 75711
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 Continuutions
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 17/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	David Cook Campaign
6 Amount (\$) \$1,000.00	<ul><li>7 Payee address; City; State; Zip Code</li><li>309 E Broad St</li></ul>
Expenditure from corporate funds	Mansfield, TX 76063
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	David Lowe Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	7424 Park Place
Expenditure from corporate funds	North Richland Hills, TX 76182
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/O	
Date	Payee name
09/03/2024	David Spiller Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	122 East Belknap St
- "	
Expenditure from corporate funds	Jacksboro, TX 76458
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 18/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Dawn Buckingham
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 342524
Evponditure from	
Expenditure from corporate funds	Lakeway, TX 78734
8 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 Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ехрениците то репент С/ОГ	
Date	Payee name
09/03/2024	Dennis Paul Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	626 1/2 Barringer Lane Ste. A
Expenditure from corporate funds	Webster, TX 77598
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
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· ·
Date	Payee name
09/03/2024	Diego Bernal Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 15677
,-,000.00	
Expenditure from corporate funds	San Antonio, TX 78212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
Di Libilone	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete CAU V & dia+	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 19/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Donna Campbell Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	1319 Mary Cove
Expenditure from corporate funds	New Braunfels, TX 78130
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
	Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Donna Howard Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2005 Lakeshore Dr.
, ,	
Expenditure from corporate funds	Austin, TX 78746
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 Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Drew Darby Campaign
Amount (\$)	
\$1,000.00	36 West Beauregard, Ste. 517
Expenditure from corporate funds	San Angelo, TX 76903
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 20/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Dustin Burrows Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 2569
Expenditure from corporate funds	Lubbock, TX 79408
8 PURPOSE	· ·
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contributions/Donations Made Ry  Check if travel outside of Texas. Complete Schedule T.
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
	Campaign Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
09/03/2024	Eddie Morales Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	352 Hillcrest
Expenditure from corporate funds	Eagle Pass, TX 78852
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Data	Davida marra
Date	Payee name
09/03/2024	Ellen Troxclair Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	701 HWY 281, Suite H #196
Expenditure from corporate funds	Marble Falls, TX 78654
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

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: 21/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Erin Elizabeth Gamez
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	777 E Harrison
Funanditura from	
Expenditure from corporate funds	Brownsville, TX 78520
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
O Committee ONII V if allowed	On all data (Office health a news
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payer name
09/03/2024	Payee name  Frin Zwigner Compaign
	Erin Zwiener Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	225 S Main St. Unit 102
Expenditure from	
corporate funds	Kyle, TX 78640
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 Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
09/03/2024	Gary Gates Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 2910
Expenditure from corporate funds	Austin, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITUDE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORALEIO TO BOHOIL O/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I 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: 22/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Gary VanDeaver Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1101 Hwy 98
Expenditure from	Now Poston, TV 75570
corporate funds	New Boston, TX 75570
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  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Candidate/Officeriolder/Political Committee Campaign Contributions
	Campaign Continuations
O Consulate ONLY if discret	On dide to 10 ff as had done as one of the same of the
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxperiantare to serient ere.	
Date	Payee name
09/03/2024	Geanie Morrison Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 4624
, ,	
Expenditure from	Vietoria TV 77003
corporate funds	Victoria, TX 77903
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
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff Great	
Date	Payee name
09/03/2024	Gene Wu Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	9219 Sharpview Drive
\$2,000.00	
Expenditure from	Houston TV 77000
corporate funds	Houston, TX 77036
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/OI	1

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense 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
OTHER (onter a extension pat listed above)

Contributions/ Donations Made By 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: 23/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Gina Hinojosa Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 3000095
Expenditure from corporate funds	Austin, TX 78703
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/03/2024	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1352 Ten Bar Trail
Expenditure from corporate funds	Southlake, TX 76092
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.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	
Date	Payee name
09/03/2024	Glenn Hegar Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 1008
Expenditure from corporate funds	Katy, TX 77492
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 24/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Greg Bonnen Campaign
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 405 David
Expenditure from corporate funds	Friendswood, TX 77546
8 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 Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Harold Dutton Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	8799 N. Loop East, Suite 305
Expenditure from corporate funds	Houston, TX 77029
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.
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Helen Kerwin Campaign
Amount (\$)	Payee address; City; State; Zip Code
	420 Grand Ave
\$1,000.00	420 Granu Ave
Expenditure from corporate funds	Glen Rose, TX 76043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By   Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	·
1 Total pages Schedule F1:	
Sch: 25/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Hillary Hickland Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	6318 Brayson Oaks Ct
Expenditure from corporate funds	Belton, TX 76513
·	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/03/2024	Hubert Vo Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	11360 Bellaire Blvd., #880
Expenditure from	Houston TV 77072
corporate funds	Houston, TX 77072
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
2/11/2/11/2/12	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Date	Payee name
09/03/2024	James Frank Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	3707 Maplewood Ave, Suite 200
·	
Expenditure from	Mishing Falls, TV 70000
corporate funds	Wichita Falls, TX 76308
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.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Co	,
	The Instruction Guide explains how to complete	e this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 26/58 Rpt:	Texas Optometric PAC	00015622
4 Date	5 Payee name	
09/03/2024	James Talarico Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	PO Box 5850	
Expenditure from corporate funds	Round Rock, TX 78683	
8 PURPOSE		
OF	The state of the s	Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
	I -	Campaign Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Н	
Date	Payee name	
09/03/2024	Janie Lopez Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 2073	
Expenditure from		
corporate funds	San Benito, TX 78586	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	п	
Date	Payee name	
09/03/2024	Janis Holt Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 1311	
Ψ1,000.00	1 0 Box 1011	
Expenditure from	011 - 74 - 70 - 0	
corporate funds	Silsbee, TX 77656	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contributions
Occupation Children	Occasional (Office helder years)	Office I. I.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
and a second sec		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 27/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Jared Patterson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	4412 Sapphire Dr
Expenditure from corporate funds	Frisco, TX 75034
8 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 Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/03/2024	Jay Dean Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3822 Holly Ridge
Expenditure from corporate funds	Longview, TX 75605
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
09/03/2024	Jeff Barry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3503 Boxwood Gate Trail
Expenditure from corporate funds	Pearland, TX 77581
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete CALL V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
•	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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: 28/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Jeff Leach Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	2417 Piedra Drive
Expenditure from corporate funds	Plano, TX 75023
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
O Complete ONLY if direct	Candidate/Officeholder name Office acusht
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Dete	
Date	Payee name
09/03/2024	Jessica Gonzalez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	400 S. Zang Blvd. Suite 1022
Expenditure from	
corporate funds	Dallas, TX 75208
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuutions
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payeo namo
09/03/2024	Payee name Joan Huffman Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	6217 Edloe St.
Expenditure from	
corporate funds	Houston, TX 77005
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaigh Solitibations
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 29/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Joanne Shofner Campaign
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 638A N. University Drive #17
Expenditure from corporate funds	Nacogdoches, TX 75965
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF 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
	Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Joe Moody Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5675 Woodrow Bean, Ste. 12
Expenditure from corporate funds	El Paso, TX 79924
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 Contributions
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	John Bryant Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 140977
Expenditure from corporate funds	Dallas, TX 75214
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 Continuutions
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/OI	1

### SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbur

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Services Salaries/Wangs/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I 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: 30/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	John Bucy Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	6633 Hwy 290 E
Expenditure from corporate funds	Austin, TX 78723
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	
Date	Payee name
09/03/2024	John Lujan Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 14479
Expenditure from corporate funds	San Antonio, TX 78214
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
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	
Date	Payee name
09/03/2024	John McQueeney Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 100458
Expenditure from corporate funds	Fort Worth, TX 76185
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1 
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#### 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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 31/58 Rpt: Texas Optometric PAC 00015622 4 Date Payee name 09/03/2024 John Smithee Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 2808 S. Parker Expenditure from Amarillo, TX 79109 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contributions Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/03/2024 Jolanda Jones Campaign Amount (\$) Payee address; City; State; Zip Code \$1,000.00 5445 Almeda 307 Expenditure from Houston, TX 77004 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contributions Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/03/2024 Jon Rosenthal Campaign Amount (\$) Payee address: City: State; Zip Code \$1,000.00 9601 Jones Rd Expenditure from Houston, TX 77065 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contributions Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

### SCHEDULE F1

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

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

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
TTHER (output a colorograph and listed above)

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: 32/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Jose Lozano Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	727 Arroyo Drive
Expenditure from corporate funds	Kingsville, TX 78363
8 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
	Campaign Contributions
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/OI	1
Date	Payee name
09/03/2024	Josey Garcia Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	110 E Houston St 7th Fl
Expenditure from corporate funds	San Antonio, TX 78205
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 Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Payee name
09/03/2024	Juan Hinojosa Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	612 West Nolana Suite 410
Expenditure from corporate funds	McAllen, TX 78504
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Commission CNU V St. allia	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

### SCHEDULE F1

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

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

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 33/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Judith Zaffirini Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	PO Box 627
Expenditure from corporate funds	Laredo, TX 78042
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Katrina Pierson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	609 Goliad 672
Ψ±,000.00	009 Gollad 012
Expenditure from corporate funds	Rockwall, TX 75087
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
E/11 E/10/1. C. 1.	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/03/2024	Keith Bell Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 2910
φ1,000.00	F.O. BOX 2310
Expenditure from	
corporate funds	Austin, TX 78768
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 Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense 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
OTHER (enter a category not listed above)

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: 34/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Kelly Hancock Campaign
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 821349
Ψ2,000.00	1 O BOX 021343
Expenditure from corporate funds	N. Richland Hills, TX 76182
8 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 Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/03/2024	Ken King Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2416 Locust
Expenditure from	
corporate funds	Canadian, TX 79014
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.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Continuations
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/03/2024	Keresa Richardson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1179
Expenditure from	
corporate funds	McKinney, TX 75070
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuutions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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
OTHER (onter a category not listed above)

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: 35/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Kevin Sparks Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	2600 Mockingbird Ln.
Expenditure from corporate funds	Midland, TX 79705
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.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Lacey Hull Campaign
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$2,000.00	PO Box 19231
Expenditure from	
corporate funds	Houston, TX 77224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-i
Data	
Date	Payee name
09/03/2024	Lauren Ashley Simmons Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 56386
Expenditure from	Houston TV 77526
corporate funds	Houston, TX 77526
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

#### SCHEDULE F1

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

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

Event Expense
Fees
Food/Beverage Expense
Git/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
OTHER (other a cottographed listed above)

Candidate/Officeholder/Politica			
Credit Card Payment  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 36/58 Rpt:	Texas Optometric PAC 00015622		
4 Date	5 Payee name		
09/03/2024	Linda Garcia Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00			
·			
Expenditure from corporate funds	Mesquite, TX 75149		
8 PURPOSE			
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 Contributions		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	1		
Date	Payee name		
09/03/2024	Lois Kolkhorst Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$10,000.00			
Expenditure from corporate funds	Brenham, TX 77834		
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.		
EXPENDITORE	Candidate/Officeholder/Political Committee		
	Campaign Contributions		
Operation ONLY if allowed	Open Highest (Office health and a second to the second to		
expenditure to benefit C/OI	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name		
09/03/2024	Mano DeAyala Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	12335 Kingsride Ln 416		
Expenditure from			
corporate funds	Houston, TX 77024		
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 Contributions		
	Sampaign Continuations		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica Credit Card Payment		
	<u> </u>	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 37/58 Rpt:	Texas Optometric PAC 00015622	
4 Date	5 Payee name	
09/03/2024	Marc LaHood Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	4014 McCullough Ave	
Expenditure from corporate funds	San Antonio, TX 78212	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Campaign Contributions	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/03/2024	Mary Ann Perez Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	7007 Gulf Freeway	
Expenditure from corporate funds	Houston, TX 77087	
PURPOSE		
OF 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 Check if Austin, TX, officeholder living expense	
	Campaign Contributions	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	<del>-</del>	
Date	Payee name	
09/03/2024	Mary Gonzalez Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 450	
Expenditure from		
corporate funds	Clint, TX 79836	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Campaign Contributions	
Complete CNU V if all	Condidate/Officeholder name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
- p		
L Forms provided by Teyes F	thics Commission Warm athics state ty us Varsion V/A 1.0 /18da51f7	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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
OTHER (enter a category not listed above)

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: 38/58 Rpt:	Texas Optometric PAC 00015622				
4 Date	5 Payee name				
09/03/2024					
	Matt Morgan Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	503 FM 359 Ste 130 No 235				
— Formanditura from					
Expenditure from corporate funds	Richardson, TX 77406				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	Campaign Contributions				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	H				
Date	Payee name				
09/03/2024	Mayes Middleton Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,000.00	PO Box 300				
4=,000.00					
Expenditure from	spenditure from				
corporate funds	Wallisville, TX 77597				
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				
	Campaign Contributions				
	Campaign Continuations				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	·				
Date	Payee name				
09/03/2024	Miahela Plesa Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	PO Box 796311				
Expenditure from corporate funds	Dallas, TX 75248				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	Campaign Contributions				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	H				

#### SCHEDULE F1

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

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

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
OTHER (outpers extrapply not listed above)

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: 39/58 Rpt:	Texas Optometric PAC 00015622			
4 Date	5 Payee name			
09/03/2024	Mike Olcott Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	PO Box 247			
Expenditure from corporate funds	Aledo, TX 76008			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaign Contributions			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/03/2024	Mike Schofield Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	1 E Greenway Plaza Ste 225			
Ψ1,000.00	1 L Orechway Flaza Sie 223			
Expenditure from corporate funds	Houston, TX 77046			
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 Continuations			
Operation ONE Wife discont	Our stide to 100% as health as a sure			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/03/2024	Mitch Little Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	2841 Seven Shields Ln			
Expenditure from corporate funds	The Colony, TX 75056			
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 Continuutions			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI				

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

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: 40/58 Rpt:	Texas Optometric PAC 00015622			
4 Date	5 Payee name			
09/03/2024	Molly Cook Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,000.00	PO Box 667238			
Expenditure from corporate funds	Houston, TX 77266			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXI ENDITORE	Candidate/Officeholder/Political Committee			
	Campaign Contributions			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
experialitate to beliefit 6/01				
Date	Payee name			
09/03/2024	Morgan LaMantia Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$3,000.00	1324 E Madison			
Expenditure from corporate funds	Brownsville, TX 78520			
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  Campaign Contributions  Campaign Contributions			
	Campaign Continuations			
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OF				
Date	Payee name			
09/03/2024	Morgan Meyer Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	3232 McKinney Ave, Suite 660			
·				
Expenditure from corporate funds	Dallas, TX 75204			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaign Contributions			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
- p				

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 41/58 Rpt:	Texas Optometric PAC 00015622		
4 Date	5 Payee name		
09/03/2024	Nate Schatzline Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	13037 Monte Alto St		
Expenditure from corporate funds	Forth Worth, TX 76244		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
	Campaign Continuations		
O Complete Chilly if all	Condidate/Officeholder name		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/03/2024	Nathan Johnson Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00	10260 N Central Expy Suite 250		
Expenditure from corporate funds	Dallas, TX 75231		
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.		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	Campaign Contributions		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Payee name		
09/03/2024	Nicole Collier Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 24241		
. ,			
Expenditure from corporate funds	Ft. Worth, TX 76124		
PURPOSE			
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	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder living expense		
	Campaign Contributions		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			

### 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

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: 42/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Oscar Longoria Campaign
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 4224
Expenditure from corporate funds	Mission, TX 78573
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF 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 Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Pat Curry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	204 Woodhew Dr
Expenditure from corporate funds	Waco, TX 76712
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Paul Bettencourt Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	1 E Greenway Plaza Ste 225
Expenditure from corporate funds	Houston, TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 43/58 Rpt:	Texas Optometric PAC	00015622			
4	Date	5 Payee name				
	09/03/2024	Paul Dyson Campaign				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,000.00	4040 Hwy 6 Ste 200				
	Expenditure from corporate funds	College Station, TX 77845				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
		Candidate/Officeholder/Political Committee	TX, officeholder living expense			
		Campaign Col	THI IDULOTIS			
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/03/2024	Penny Morales Shaw Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00					
	Expenditure from corporate funds	Houston, TX 77292				
	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  Campaign Contributions  Candidate/Officeholder/Political Committee  Campaign Contributions					
		- Campaign Co.				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O					
	Date	Payee name				
	09/03/2024	Pete Flores Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,000.00	P.O. Box 4100				
	Expenditure from corporate funds	Del Rio, TX 78841-4100				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Continuations/Donations Made by	utside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee Campaign Cor	TX, officeholder living expense			
		Campaign Coi	THIDOUGHO			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OH					

### SCHEDULE F1

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

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

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

Travel in D Travel Out

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: 44/58 Rpt:	Texas Optometric PAC 00015622		
4 Date	5 Payee name		
09/03/2024	Phil King Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,000.00	2110 Fort Worth Hwy		
Evpanditure from			
Expenditure from corporate funds	Weatherford, TX 76086		
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  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Candidate/Officeholder/Political Committee		
	Campaign Continuations		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Power name		
09/03/2024	Payee name Rafael Anchia Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 4468		
Expenditure from			
corporate funds	Dallas, TX 75208		
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		
	Campaigh Contributions		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Davies same		
09/03/2024	Payee name Ramon Romero Campaign		
	1 3		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 181		
Expenditure from			
corporate funds	Fort Worth, TX 76101		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Candidate/Officeholder/Political Committee		
	Campaign Continuations		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Salaries/Wa	ages/Contract Labor	OTHER (enter a	category not listed above)
-	The Instruction G	uide explains how to con	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 45/58 Rpt:	Texas Optometric PAC 000156				
4 Date	5 Payee name			•	
09/03/2024	Ray Lopez Campaign				
6 Amount (\$)	7 Payee address; City;	State; Zip Cod	le		
\$1,000.00	309 Wurzbach Rd	·			
, ,					
Expenditure from corporate funds	San Antonio, TX 78238				
		1.	(In) = 1 · · ·		
8 PURPOSE OF	(a) Category (See Categories listed at		(b) Description	outside of Texas. Com	inlota Schodula T
EXPENDITURE	Contributions/Donations M Candidate/Officeholder/Po			n, TX, officeholder living	
	Carididate/Officeriolde//	illicai committee	Campaign C		,
9 Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office he	eld
expenditure to benefit C/OI		_			
Date	Payee name				
09/03/2024	Rhetta Bowers Campaign				
		States 7in Cos	lo.		
Amount (\$)	Payee address; City;	State; Zip Coo	le		
\$1,000.00	3526 Lakeview Pky Ste B #	7211			
Expenditure from					
corporate funds	Rowlett, TX 75088				
PURPOSE	(a) Category (See Categories listed at	the top of this schedule)	<b>(b)</b> Description		
OF EXPENDITURE	Contributions/Donations M	ade By		outside of Texas. Com	
EXI ENDITORE	Candidate/Officeholder/Po	litical Committee	ш	n, TX, officeholder living	g expense
			Campaign C	ontributions	
One make the ONE Wife diagram	0	04:	1-4	O#: I-	-1-1
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office soug	nt	Office he	eia
'					
Date	Payee name				
09/03/2024	Richard Hayes Campaign				
Amount (\$)	Payee address; City;	State; Zip Cod	le		
\$1,000.00	PO Box 3818				
Expenditure from corporate funds	Denton, TX 76202				
PURPOSE	(a) Category (See Categories listed at	the top of this schodule)	(b) Description		
OF	Contributions/Donations M			outside of Texas. Com	plete Schedule T.
EXPENDITURE	Candidate/Officeholder/Po		Check if Austir	n, TX, officeholder living	g expense
			Campaign C	ontributions	
Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office he	eld
expenditure to benefit C/OH					

### SCHEDULE F1

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

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

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

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
OTHER (other a cottographed listed above)

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: 46/58 Rpt:	Texas Optometric PAC 00015622	
4 Date	5 Payee name	
09/03/2024	Richard Raymond Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	304 Latour Ct.	
Expenditure from corporate funds	Laredo, TX 78041	
8 PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
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	
	Campaign Contributions	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
Date	Payee name	
09/03/2024	Robert Nichols Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	PO Box 2347	
Expenditure from		
corporate funds	Jacksonville, TX 75766	
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 Contributions	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to better 6/01	'	
Date	Payee name	
09/03/2024	Roland Gutierrez Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	1426 Napier	
Expenditure from	San Antonio TV 70214	
corporate funds	San Antonio, TX 78214	
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	
	Campaign Contributions	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

### SCHEDULE F1

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

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

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

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: 47/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Ron Reynolds Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	6140 Hwy 6 South, Ste. 233
41,000.00	or in thing of country, close 200
Expenditure from	
corporate funds	Missouri City, TX 77549
8 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 Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/03/2024	Royce West Campaign
	, , , , ,
Amount (\$)	
\$2,000.00	320 SRL Thornton
Expenditure from	
corporate funds	Dallas, TX 75203
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
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/03/2024	Ryan Guillen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2504 Sable Palm Drive
Expenditure from	
corporate funds	Rio Grande City, TX 78582
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>⊣</b>

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	<u> </u>
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 48/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Salman Bhojani Campaign
6 Amount (\$)	
6 Amount (\$)	
\$1,000.00	900 Grange Hall Dr Apt 13
Expenditure from	
corporate funds	Euless, TX 76039
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	
Date	Payee name
09/03/2024	Sam Harless Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	15814 Champion Forest
Expenditure from corporate funds	Spring, TX 77379
<u> </u>	
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
	Carididate/Officerioider/Political Committee Campaign Contributions
	Campaign Contributions
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	'
Date	Payee name
09/03/2024	Sarah Eckhardt Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 301586
Ψ2,000.00	1 O Box 301300
Expenditure from	
corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFLINDITORL	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 49/58 Rpt:	Texas Optometric PAC 00015622	
4 Date	5 Payee name	
09/03/2024	Senfronia Thompson Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	PO Box 30099	
Expenditure from corporate funds	Houston, TX 77249	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Campaign Contributions	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/03/2024	Sergio Munoz, Jr. Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	111 JJ Dr.	
\$1,000.00	111 JJ DI.	
Expenditure from		
corporate funds	Mission, TX 78754	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Campaign Continuutions	
One make the ONE Wife diagram	Our stide to 100% as health as a sure	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
D-1-		
Date	Payee name	
09/03/2024	Shelby Slawson Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	910 Old Hico Rd	
Expenditure from		
corporate funds	Stephenville, TX 76401	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
Di Libilone	Candidate/Officeholder/Political Committee	
	Campaign Contributions	
Commission ONUVIVIII	Condidate/Officeholder name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
- p		

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 50/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Shelly Luther Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	587 White Mound Rd
Expenditure from corporate funds	Sherman, TX 75090
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/OI	'
Date	Payee name
09/03/2024	Sheryl Cole Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 41
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	
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 Check if Austin, TX, officeholder living expense
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/03/2024	Solomon Ortiz Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 286
Expenditure from	
corporate funds	Corpus Christi, TX 78403
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1
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### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) ertising Expense Event Expense Loan Repayment/Reimburg

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

Event Expense Loan I
Fees Office
Food/Beverage Expense Polling
Gift/Awards/Memorials Expense Printin
Lenal Services Salari

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 51/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Stan Gerdes Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	606 Gresham St
Expenditure from corporate funds	Smithville, TX 78957
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/03/2024	Stan Kitzman Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 553
Expenditure from corporate funds	Pattison, TX 77466
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/03/2024	Stan Lambert Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3925 Carrera Lane
<b>\$2,000.00</b>	5525 Garrora Lario
Expenditure from	Abeline TV 70000
corporate funds	Abeline, TX 79602
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
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to compl	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 52/58 Rpt:	Texas Optometric PAC	00015622
4 Date	5 Payee name	
09/03/2024	Suleman Lalani Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	445 Commerce Green Blvd	
Expenditure from corporate funds	Sugar Land, TX 77478	
8 PURPOSE OF	, , ,	Description
EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee	Campaign Contributions
		Campaign Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
Date	Payee name	
09/03/2024	Tan Parker Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	1313 Paprika Dr.	
Expenditure from corporate funds	Flower Mound, TX 75028	
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.
EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
09/03/2024	Terri Leo-Wilson Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	29 Pirates Bch W	
Expenditure from corporate funds	Galveston, TX 77554	
PURPOSE		Description
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 53/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Terry Canales Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	2727 W University
Expenditure from corporate funds	Edinburg, TX 78539
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.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Terry Meza Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 155076
\$1,000.00	FO BOX 133070
Expenditure from	
corporate funds	Irving, TX 75015
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-1
Date	Payee name
09/03/2024	Terry Wilson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 489
Expenditure from	M
corporate funds	Marble Falls, TX 78654
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 54/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Todd Hunter Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	445 Cape Henry
Evpanditura from	
Expenditure from corporate funds	Corpus Christi, TX 78412
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/03/2024	Tom Craddick Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3108 Stanolind Ave.
\$1,000.00	3106 Stariolina Ave.
Expenditure from	Midland, TX 79705
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/03/2024	Tom Oliverson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1 E Greenway Plaza
Expenditure from corporate funds	Houston, TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in 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: 55/58 Rpt:	Texas Optometric PAC 00015622	
4 Date	5 Payee name	
09/03/2024	Toni Rose Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 41867	
Expenditure from corporate funds	Dallas, TX 75241	
8 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 Contributions	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/03/2024	Tony Tinderholt Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	3800 Park Manor Ct	
φ1,000.00	3000 Faik Mailoi Ct	
Expenditure from		
corporate funds	Arlington, TX 76017	
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 Continuations	
0 1: 0.11.7.7.1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/03/2024	Trent Ashby Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 412	
Expenditure from corporate funds	Lufkin, TX 75902	
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 Contributions	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiente to benefit 0/011		

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card r dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 56/58 Rpt:	Texas Optometric PAC 00015622
4 Date	5 Payee name
09/03/2024	Trey Wharton Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 1242
Expenditure from corporate funds	Huntsville, TX 77340
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Valoree Swanson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6046 FM 2920 #619
Expenditure from corporate funds	Spring, TX 77379
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 Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
09/03/2024	Venton Jones Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1075 Griffin St West
Expenditure from	
corporate funds	Dallas, TX 75215
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 Contributions
Occupations Children	Overfield to 10ff and helder a constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant and the constant
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 57/58 Rpt:	Texas Optometric PAC 00015622	
4 Date	5 Payee name	
09/03/2024	Vikki Goodwin Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	9901 Brodie Ln	
Expenditure from corporate funds	Austin, TX 78748	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Campaign Contributions	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/03/2024	Vince Perez Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 71309	
- Funanditura from		
Expenditure from corporate funds	El Paso, TX 79917	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Campaign Contributions	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	· ·	
Date	Payee name	
09/03/2024	Wes Virdell Campaign	
Amount (\$)	Payee address; City; State; Zip Code PO Box 147	
\$1,000.00	FO DUX 141	
Expenditure from		
corporate funds	Brady, TX 76825	
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 Continuutions	
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al 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: 58/58 Rpt:	Texas Optometric PAC 00015622	
4 Date	5 Payee name	
09/03/2024	Will Metcalf Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	PO Box 454	
, –,		
Expenditure from corporate funds	Conroe, TX 77305	
8 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 Contributions	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
09/03/2024	Yvonne Davis Campaign	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,000.00	PO Box 763368	
42,000.00		
Expenditure from corporate funds	Dallas, TX 75376	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
LAPENDITORE	Candidate/Officeholder/Political Committee	
	Campaign Contributions	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
		$\dashv$

## SCHEDULE I

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
Date 09/25/2024	5 Payee name Authorize.net	
88.69  Expenditure from corporate funds	7 Payee Address; City; State; Zip 808 E Utah Valley Dr American Fork, UT 84003	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 09/04/2024	Payee name Carriage House Partners	
Amount (\$) 6,250.00  Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Hidden Trails Arlington, TX 76017	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)  Lobbyist
Date 09/25/2024	Payee name Paypal	
Amount (\$)  488.48  Expenditure from corporate funds	Payee Address; City; State; Zip 2211 North First Street  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.)  Payment fee
Date 09/23/2024	Payee name QuickBooks Payments	
Amount (\$) 614.06 Expenditure from corporate funds	Payee Address; City; State; Zip 2632 Marine Way  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees

## SCHEDULE I

The Instruction Guide explains how to complete this form.					
1	Total pages Schedule I:	2 FILER NAME 3 Filer ID (Eth	ics Commission Filers)		
	Sch: 2/2 Rpt:	Texas Optometric PAC 00015622			
4	Date	5 Payee name			
	09/25/2024	TOA Facility			
6	Amount (\$)	7 Payee Address; City; State; Zip			
	869.93	3011 N Lamar ste 300			
Χ	Expenditure from corporate funds	Austin, TX 78705			
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description Facility Fee	pe of information required.)		