



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,755.80
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 14,500.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 264,981.78
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Ms. Brenda J. Avery  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Optometric PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00015622
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26,755.80
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 14,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,346.68
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/58 Rpt: 4/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Acosta O.D., Celeste <hr/> <b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78023	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander O.D., Lindsey <hr/> Contributor address; City; State; Zip Code  Sunnyvale, TX 75182	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ali O.D., Mohsan <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen O.D., Mark <hr/> Contributor address; City; State; Zip Code  Atlanta, TX 75551	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allison O.D., Joseph <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77802	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/58 Rpt: 5/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Altig O.D., William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amador O.D., Nancy <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amin O.D., Opal <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amir O.D., Nancy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson O.D., Vanessa <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/58 Rpt: 6/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Annunziato O.D., Tom <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76008	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arora O.D., Rajan <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75227	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arya O.D., Dimple <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aston II O.D., William <hr/> Contributor address; City; State; Zip Code  Ft Worth, TX 76179	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker O.D., Catherine <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77301	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/58 Rpt: 7/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barajas O.D., Juan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barajas O.D., Juan <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barber O.D., Matt <hr/> Contributor address; City; State; Zip Code  Ft. Worth, TX 76116-5525	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes O.D., Sophia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barraza O.D., Jessica <hr/> Contributor address; City; State; Zip Code  Killeen, TX 76542	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/58 Rpt: 8/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bashover O.D., Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76011	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bate O.D., Joy <hr/> Contributor address; City; State; Zip Code  Haslet, TX 76052	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernay O.D., Deborah <hr/> Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bhaga O.D., Sheetal <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75036	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bock O.D., Matthew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77063	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/58 Rpt: 9/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brending O.D., Gabrielle	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Seabrook, TX 77586		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brinegar O.D., Vaughn	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brochetti O.D., Brenda	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Plano, TX 75075		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown O.D., Corwin	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Cleburne, TX 76003		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brownlee O.D., Chris	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/58 Rpt: 10/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bui O.D., Thoai	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75007		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bullard O.D., Heath	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Cleburne, TX 76033		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burket O.D., Caitlin	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Harlingen, TX 78552		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler O.D., W	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell O.D., Megan	Amount of Contribution (\$)  \$20.20
Contributor address; City; State; Zip Code  Celina, TX 75009		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/58 Rpt: 11/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castleberry O.D., Kim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Catuncan O.D., Jennifer <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76022	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Celico O.D., Brian <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Celico O.D., Brian <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cerde O.D., Juan <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/58 Rpt: 12/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chang O.D., Sarah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77080	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chen O.D., Alexander <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cherry O.D., Brian <hr/> Contributor address; City; State; Zip Code  Ft Worth, TX 76137	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheyne O.D., Chris <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76049	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheyne O.D., Chris <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76049	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/58 Rpt: 13/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chu O.D., Victoria	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78745		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cobb O.D., James	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Amarillo, TX 79107		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colston O.D., Ben	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conley O.D., Alex	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Fort Worth, TX 76131		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conroy O.D., Scott	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Pasadena, TX 77505		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/58 Rpt: 14/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Consor O.D., Bob	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75252		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Contaldi O.D., Mario	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  N. Richland Hills, TX 76180		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornett O.D., John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Correale O.D., Suzanne	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Alvin, TX 77511		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cowan O.D., Steve	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/58 Rpt: 15/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cox O.D., Adam <hr/> <b>6</b> Contributor address; City; State; Zip Code  Atlanta, TX 75551	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crowell O.D., Courtney <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culbertson O.D., Wayne <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cummings O.D., Kory <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Curtis O.D., Barry <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/58 Rpt: 16/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dabney O.D., Brandon	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79102		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dang O.D., Thuyhong	Amount of Contribution (\$)  \$20.20
Contributor address; City; State; Zip Code  Houston, TX 77007		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dao O.D., Mavis	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David O.D., Ashley	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis O.D., Mark	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  San Antonio, TX 78259		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/58 Rpt: 17/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dawn O.D., Rakich	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78215		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Jr O.D., Bob	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Garland, TX 75041		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLoach O.D., Joe	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeMaggio O.D., Julie	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeShaw O.D., Jonathan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Garland, TX 75042		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 15/58 Rpt: 18/67
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deakins O.D., Jennifer	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Fort Worth, TX 76135	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delay O.D., Richard	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Boerne, TX 78015	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delk O.D., Kyle	Amount of Contribution (\$) \$20.20
	Contributor address; City; State; Zip Code  Port Neches, TX 77651	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennis O.D., Keith	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Diaz O.D., Yvonne	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78541	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/58 Rpt: 19/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dinh O.D., David	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dolce O.D., Jackson	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Port Neches, TX 77651		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunnigan O.D., Shawn	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Lumberton, TX 77657		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duong O.D., Nghiem	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis O.D., John	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  El Paso, TX 79902		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/58 Rpt: 20/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ermis O.D., Keith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wharton, TX 77488	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eylar O.D., Crystal <hr/> Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ezzell O.D., Steven <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fandry O.D., Ellen <hr/> Contributor address; City; State; Zip Code  seabrook, TX 77586	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Feeser O.D., Michael <hr/> Contributor address; City; State; Zip Code  Huntingtown, MD 20639	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/58 Rpt: 21/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleitman O.D., Cynthia	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Gainesville, TX 76240		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores O.D., Amador	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Laredo, TX 78041		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortenberry O.D., Sandra	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Helotes, TX 78023		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamini O.D., Safi	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Plano, TX 75093		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia O.D., Claudia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77081		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/58 Rpt: 22/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza O.D., Janet <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77064	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gee O.D., Kevin <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson O.D., David <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graham Hayter O.D., Paul <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray O.D., David <hr/> Contributor address; City; State; Zip Code  Midland, TX 79705	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/58 Rpt: 23/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray O.D., Jeannie	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79705		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greeman III O.D., Nelson	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78212		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greeman O.D., Kevin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  San Antonio, TX 78212		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green O.D., Leigh	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Woodway, TX 76712		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene O.D., Matthew	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  College Station, TX 77845		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/58 Rpt: 24/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenstein O.D., Karena <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75216	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall O.D., Jamie <hr/> Contributor address; City; State; Zip Code  Wills Point, TX 75169	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammond O.D., Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson O.D., Mark <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper O.D., Ellener <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76131	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/58 Rpt: 25/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart O.D., Peggy	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77079		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harvey O.D., Cameo	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Abilene, TX 79605		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawari O.D., Andy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Mineola, TX 75773		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawkins O.D., Heidi	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heeg O.D., Paul	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Coppell, TX 75019		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/58 Rpt: 26/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hejny O.D., Whitney	<b>7</b> Amount of Contribution (\$) \$20.20
<b>6</b> Contributor address; City; State; Zip Code  Miles, TX 76861		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Helbert-Green O.D., Carolyn	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Colleyville, TX 76034		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henry O.D., Amy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoang O.D., Bao	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Katy, TX 77494		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoang O.D., Kathy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Katy, TX 77494		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/58 Rpt: 27/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchins O.D., Jaclyn	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78257		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh O.D., Hieu	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75240		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johle O.D., Sarah	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Hutto, TX 78634		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson O.D., Murray	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75287		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jolivette O.D., Nia	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  San Antonio, TX 78229		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/58 Rpt: 28/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones O.D., Jeffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75605	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jordan O.D., Emily <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karanges O.D., Gayle <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76005	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kemp O.D., Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77015-2310	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knight O.D., Millicent <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/58 Rpt: 29/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kocian O.D., Larry	<b>7</b> Amount of Contribution (\$) \$400.00
<b>6</b> Contributor address; City; State; Zip Code  Harker Heights, TX 76548		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kodukula O.D., Dipa	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Austin, TX 78717		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuder O.D., Bryan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Carrollton, TX 75007		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuykendall O.D., Traci	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Cleburne, TX 76033		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagunas O.D., Claudio	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  The Woodlands, TX 77382		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/58 Rpt: 30/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lam O.D., Sean <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77075	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lambert O.D., Sawyer <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larry O.D., Gunnell <hr/> Contributor address; City; State; Zip Code  Witchita Falls, TX 76308	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le O.D., Anne <hr/> Contributor address; City; State; Zip Code  Houston, TX 77072	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le O.D., Hoan <hr/> Contributor address; City; State; Zip Code  Spring, TX 76135	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/58 Rpt: 31/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le O.D., Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77054	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le O.D., Lisa <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemanski O.D., Sundra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78727	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linh O.D., Linh <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lou O.D., Oliver <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/58 Rpt: 32/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ly O.D., Alexandra	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77082		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mai O.D., Kelly	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Cypress, TX 77433		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maldonado O.D., Michael	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  El Paso, TX 79902		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maldonado O.D., Nicole	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  San Antonio, TX 78249		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin O.D., Joe	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Cleburne, TX 76033		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 30/58 Rpt: 33/67
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin O.D., Michal	7 Amount of Contribution (\$)  \$200.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78735	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez O.D., Michelle	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Ft. Worth, TX 76244	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masters O.D., Trishna	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Arlington, TX 76006	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCarty O.D., Dennis	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McClain O.D., Christos	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  College Station, TX 77845	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 31/58 Rpt: 34/67
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormick O.D., Michael	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCown O.D., Joshua	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Gatesville, TX 76528	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel O.D., Stephen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  DallaS, TX 75208	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan O.D., Joseph	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78748-1051	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPherson O.D., Kimberly	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  North Richland Hills, TX 76180	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/58 Rpt: 35/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Means O.D., Stephen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Huntsville, TX 77340	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery O.D., Brandi <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moon O.D., Debra <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore O.D., Tory <hr/> Contributor address; City; State; Zip Code  Dumas, TX 79029	Amount of Contribution (\$)  \$5.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mora O.D., David <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/58 Rpt: 36/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morozco O.D., Michael	<b>7</b> Amount of Contribution (\$)  \$26.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78240		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mosbacher O.D., Diane	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code  Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mozdbar O.D., Sima	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78750		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munson O.D., Kevin	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Melissa, TX 75454		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murrell O.D., Jessica	Amount of Contribution (\$)  \$400.00
Contributor address; City; State; Zip Code  Spring, TX 77002		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/58 Rpt: 37/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newman O.D., Clarke	<b>7</b> Amount of Contribution (\$) \$52.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newton O.D., Ronald	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Laredo, TX 78040		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Hai	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code  Portland, TX 78374		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Jenifer	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Addison, TX 75001		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Kimuyen	Amount of Contribution (\$) \$104.00
Contributor address; City; State; Zip Code  Richardson, TX 75082		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/58 Rpt: 38/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Long <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77059	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Quan <hr/> Contributor address; City; State; Zip Code  Houston, TX 77072	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Steve <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75224	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Thai-An <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Tu <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/58 Rpt: 39/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Vicki	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75054		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nichols O.D., Brian	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Mt Pleasant, TX 75455		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Brien O.D., Lisa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ousley O.D., Bruce	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Highland Village, TX 75077		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Park O.D., Jon	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Irving, TX 75063		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/58 Rpt: 40/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pass O.D., Hulon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Stockton, TX 79735	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pass O.D., Joshua <hr/> Contributor address; City; State; Zip Code  Fort Stockton, TX 79735	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Ajay <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Neha <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	Amount of Contribution (\$)  \$5.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Nimisha <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/58 Rpt: 41/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Riyal <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Samir <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patrick O.D., Carey <hr/> Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pena O.D., Benny <hr/> Contributor address; City; State; Zip Code  Kerrville, TX 78028	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pepin O.D., Allison <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$52.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/58 Rpt: 42/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson O.D., Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75006	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson O.D., Savannah <hr/> Contributor address; City; State; Zip Code  Webster, TX 77598	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Philip O.D., Blessy <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips O.D., Jeff <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75503	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pillai O.D., Anith <hr/> Contributor address; City; State; Zip Code  Sugarland, TX 77479	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/58 Rpt: 43/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pollard O.D., Paige <hr/> <b>6</b> Contributor address; City; State; Zip Code  Midlothian, TX 76065	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poole O.D., Mohan <hr/> Contributor address; City; State; Zip Code  Marble Falls, TX 78654	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prapta O.D., Shawn <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prati O.D., Martin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77058	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Proske O.D., Paul <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/58 Rpt: 44/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Proske O.D., Paul	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pulpan O.D., Stephanie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Perryton, TX 79070		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quinlivan O.D., Paige	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez O.D., Angie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Pharr, TX 78582		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez O.D., Antonio	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/58 Rpt: 45/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez-Shank O.D., Diane <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78232	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ratcliff O.D., Reagan <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reneau O.D., Aaron <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77345	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds O.D., Samantha <hr/> Contributor address; City; State; Zip Code  Haslet, TX 76052	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson O.D., Reid <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/58 Rpt: 46/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson O.D., Reid	<b>7</b> Amount of Contribution (\$) \$104.00
<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson O.D., Beth	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson O.D., Nathaniel	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code  Lufkin, TX 75904		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez O.D., Jaime	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Weslaco, TX 78596		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rojas O.D., Luis	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75204		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/58 Rpt: 47/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosemore O.D., Corey	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75035		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosemore O.D., Ryan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Frisco, TX 75033		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salchak O.D., Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Sugarland, TX 77479		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandberg O.D., Kyle	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78229		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sappington O.D., Amanda	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Amarillo, TX 79119		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/58 Rpt: 48/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sawhney O.D., Dimple <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78723	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Segu O.D., Pat <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shandley O.D., Brian <hr/> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$)  \$104.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shannon O.D., Bridget <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shauger O.D., Susan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78727	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 46/58 Rpt: 49/67
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sianghio O.D., Leyden	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  San Antonio, TX 78255	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sitterle O.D., Scott	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78247	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith O.D., Cameron	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Mansfield, TX 76063	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sorrenson O.D., Laurie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sosa O.D., Virginia	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code  Uvalde, TX 78801	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/58 Rpt: 50/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens O.D., Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77581	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steven O.D., Kurtin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75252	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strickland O.D., Clipper <hr/> Contributor address; City; State; Zip Code  Big Spring, TX 79720	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strong O.D., Jane <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77419	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sturm O.D., Mark <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 48/58 Rpt: 51/67
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan O.D., Mitchell	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Carrollton, TX 75006	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor O.D., Alicia	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75243	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor O.D., Erin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79110	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrell O.D., Jenny	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Hurst, TX 76054	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thames O.D., Lacey	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Hutto, TX 78634	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/58 Rpt: 52/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas O.D., Jack	<b>7</b> Amount of Contribution (\$) \$20.20
<b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas O.D., Jeff	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Melissa, TX 75454		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson O.D., Melanie	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thornton O.D., Kristofer	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Longview, TX 75605		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tilson O.D., Alan	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code  Irving, TX 75038		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/58 Rpt: 53/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tovias O.D., Mayra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Santa Fe, TX 77510	<b>7</b> Amount of Contribution (\$)  \$26.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Anthony <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Jessica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Joshua <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77407	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Lori <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/58 Rpt: 54/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Toan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75010	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trichel O.D., Jessica <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75503	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trinh O.D., Kim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tupa O.D., Faye <hr/> Contributor address; City; State; Zip Code  Ganado, TX 77962	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner O.D., Kimberly <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$52.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/58 Rpt: 55/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Twa O.D., Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tybor O.D., David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tybor O.D., John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Upchurch O.D., Alan <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75070	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urizar O.D., Jocelyn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/58 Rpt: 56/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vasquez O.D., Celina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Palmview, TX 78572	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vaughn O.D., Jamel <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79416	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Voigt O.D., Kevin <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vorster O.D., Edward <hr/> Contributor address; City; State; Zip Code  Silsbee, TX 77656	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wagner O.D., Troy <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/58 Rpt: 57/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallace O.D., August	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75603		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walters O.D., Mary Kate	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76008		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warstler O.D., Ashley	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77042		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Way O.D., David	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Spring, TX 77379		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wedel O.D., Karl	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Cleburne, TX 76033		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/58 Rpt: 58/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weedman O.D., Audrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wei O.D., Deborah <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$5.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West O.D., Jacob <hr/> Contributor address; City; State; Zip Code  Flint, TX 75762	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiatrek O.D., Beverly <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78223	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiechmann O.D., Alexandra <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/58 Rpt: 59/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wild O.D., Tristan	<b>7</b> Amount of Contribution (\$)  \$104.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78730		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilken O.D., Bret	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Coppell, TX 75019		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams O.D., Bryan	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code  Dallas, TX 75226		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams O.D., James	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Joplin, MO 64804		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson O.D., Kent	Amount of Contribution (\$)  \$52.00
Contributor address; City; State; Zip Code  Terrell, TX 75160		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/58 Rpt: 60/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright O.D., David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seminole, TX 79360	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright O.D., Lance <hr/> Contributor address; City; State; Zip Code  Seminole, TX 79360	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yates O.D., Ashleigh <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yee O.D., Jamie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yeh O.D., Shihwei <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$10.40
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/58 Rpt: 61/67
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yousef O.D., Deliah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zhang O.D., Joyce <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zike O.D., Abigail <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$104.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 62/67	<b>2</b> FILER NAME Texas Optometric PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015622
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<b>4</b> Date 10/03/2024	<b>5</b> Payee name Carol Alvarado Campaign
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<b>6</b> Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 6645 Rockbridge  Houston, TX 77023
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2024	Payee name Christina Morales Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2109 Canal St  Houston, TX 77003
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2024	Payee name Elizabeth Campos Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1028 Rigsby  San Antonio, TX 78210
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 63/67	<b>2</b> FILER NAME Texas Optometric PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015622
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<b>4</b> Date 10/03/2024	<b>5</b> Payee name Jose Menendez Campaign
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<b>6</b> Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1518 Townsend House  San Antonio, TX 78251
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/23/2024	Payee name Lacey Hull Campaign
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 19231  Houston, TX 77224
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2024	Payee name Lulu Flores Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 40969  Austin, TX 78704
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 64/67	<b>2</b> FILER NAME Texas Optometric PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015622
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<b>4</b> Date 10/03/2024	<b>5</b> Payee name Mark Dorazio Campaign
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 461341  Austin, TX 78246
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2024	Payee name Matt Shaheen Campaign
--------------------	-------------------------------------

Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3917 Malton Drive  Plano, TX 75025
--	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2024	Payee name Philip Cortez Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7919 Liberty Island  San Antonio, TX 78227
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
- The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 65/67	<b>2</b> FILER NAME Texas Optometric PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015622
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<b>4</b> Date 10/03/2024	<b>5</b> Payee name Steve Toth Campaign
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 23 E Sundance Circle  The Woodlands, TX 77382
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2024	Payee name Trey Martinez Fischer Campaign
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2248 W. Magnolia  San Antonio, TX 78201
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
4 Date 10/23/2024	5 Payee name Authorize.net	
6 Amount (\$) 61.47 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 808 E Utah Valley Dr American Fork, UT 84003	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 10/07/2024	Payee name Carriage House Partners	
Amount (\$) 6,250.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Hidden Trails Arlington, TX 76017	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Lobbyist
Date 10/03/2024	Payee name Clem, Mike	
Amount (\$) 2,070.22 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 10155 Shadyview Dallas, TX 75238	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 10/03/2024	Payee name OneTouchPoint	
Amount (\$) 184.03 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO BOX 842911 Dallas, TX 75284	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Payment fee

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1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
4 Date 10/25/2024	5 Payee name Paypal	
6 Amount (\$)  426.20 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2211 North First Street  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b) Description</b> (See instructions regarding type of information required.) Payment fee
Date 10/06/2024	Payee name QuickBooks Payments	
Amount (\$)  604.76 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2632 Marine Way  Mountain View, CA 94043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b) Description</b> (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 10/23/2024	Payee name TOA Facility	
Amount (\$)  750.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3011 N Lamar ste 300  Austin, TX 78705	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b) Description</b> (See instructions regarding type of information required.) Facility Fee