FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015622 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Optometric PAC Date Received **ELECTRONICALLY FILED** 11/04/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 3011 N. Lamar Ste 300 Change of Address Austin, TX 78705 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Ms. Brenda J. NAME Date Processed NICKNAME **SUFFIX** LAST BJ Date Imaged Avery CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 3011 N. Lamar STREET **ADDRESS** Ste 300 (Residence or Business) Austin, TX 78705 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 707-2020 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 File		(Ethics Commission Filers)
Texas Optometric PAC			000	15622	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	0. 14	A. Cunnovtod			
	Measures (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
.5 CONTRIBUTION	1 1 TOTAL LINITEMIZE	POLITICAL CONTRIBUTIONS (OTHE	R THAN		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	I III	\$	0.00
	2. TOTAL POLITICA			,	
	(OTHER THAN PLEI	OGES, LOANS, OR GUARANTEES OF	LOANS)	\$	26,755.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	14,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF G PERIOD	THE LAST DAY	\$	264,981.78
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOA REPORTING PERIOD	NS AS OF THE	\$	0.00
.6 AFFIDAVIT	l			<u> </u>	
		I swear, or affirm, under p true and correct and inclu under Title 15, Election C	des all information	at the ac required	ccompanying report is to be reported by me
			Ms. Brenda J. A	very	
		Sigr	nature of Campaign		er
AFFIX NOTARY	STAMP / SEAL ABOVE	v	, ,		
Sworn to and subscribed	hefore me, by the said		this the		day
		which, witness my hand and seal of offic			aay
<u> </u>	_, 20, to co, .		.		
Signature of officer ad	ministering oath	Printed name of officer administering oa	ath Title	e of office	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 67
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission	Filers)
Tex	kas Op	cometric PAC	00015622	•	ŕ
		E SUBTOTALS		1	
l		SCHEDULE		SUBTOTAL AM	IOUNT
INA	IVIL OI .	JOI LEBOLL			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2	26,755.80
		COLIED HE AS MON MONETARY (IN VINE) POLITICAL CONTRIBUTIONS			
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
	Ц	LABOR ORGANIZATION		T T	
		COULD III E OO. MONETADY CURRORT FROM CORRORATION OR LAROR ORG	ANUZATIONI		
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.		ORGANIZATION		\$	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
				<u> </u>	
9.	П	SCHEDULE E: LOANS		 \$	
	Ш	SOTIED DE E. ESTANO]*	
10		COUEDING EA. POLITICAL EVENINITURES EDOM POLITICAL CONTRIBUTION	0		1 4 500 00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 1	14,500.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		 \$	
10.	Ш	CONEDULE 1. EXCENSIONES IN DE STONESTI OTRO		*	
		COLIED HE I NON DOLLTION EVEN DITUES COM DOLLTION CONTRIBUTION	ane.		1001000
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	JNS	\$ 1	10,346.68
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	PETLIBNED		
15.	Ш	TO FILER	KETOKIVED	\$	
-				l	
i					
l					

	MONET	ARY POLITICAL CONTR	RIBUTIONS	5		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	lete this form	ı .	1	Total pages Schedule A1: Sch: 1/58 Rpt: 4/67	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	Acosta O.D., Celeste	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
_		Helotes, TX 78023	1-				
8	Optometrist	pation / Job title (See Instructions)	9 1	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-st Alexander O.D., Lindsey Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$100.00
	Principal occu	Sunnyvale, TX 75182 pation / Job title (See Instructions)		Employer (See Instructions			
	Optometrist	oalion / Job tille (See Instructions)	'	Employer (See Instructions	,		
	Date 10/15/2024	Ali O.D., Mohsan	ate PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Dringing Lagor	Pearland, TX 77584					
	Optometrist	pation / Job title (See Instructions)	'	Employer (See Instructions	,		
	Date 10/15/2024	Allen O.D., Mark	ate PAC (ID#:			Amount of Contribution (\$)	\$400.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-st Allison O.D., Joseph Contributor address; City; State; Zip Coo	ate PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	this form.	1	ages Schedule A1: /58 Rpt: 5/67	
2	FILER NAME Texas Optor	netric PAC		3 Filer ID 00015	(Ethics Commissio	n Filers)
4	Date 10/15/2024	 Full name of contributor		7 Amoun	t of Contribution (\$)	\$50.00
_		Fort Worth, TX 76137	T	<u> </u>		
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)		
	Date 10/15/2024	Contributor address; City; State; Zip Code	C (ID#:)	Amoun	t of Contribution (\$)	\$100.00
	Principal occu	Leander, TX 78641 pation / Job title (See Instructions)	Employer (See Instructions	ls)		
	Optometrist					
	Date 10/15/2024	Full name of contributor out-of-state PAC Amin O.D., Opal Contributor address; City; State; Zip Code	C (ID#:)	Amoun 	t of Contribution (\$)	\$50.00
		Austin, TX 78730				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Amir O.D., Nancy Contributor address; City; State; Zip Code San Antonio, TX 78240	C (ID#:)	Amoun	t of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Anderson O.D., Vanessa Contributor address; City; State; Zip Code Amarillo, TX 79109	C (ID#:)	Amoun	t of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	ns)		
			,			

	MONET	ARY POLITICAL CONTRIBI	UTIONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 3/58 Rpt: 6/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$30.00
_		Fort Worth, TX 76008	1			
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)		
	Date 10/15/2024	Full name of contributor out-of-state PA Arora O.D., Rajan Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$20.20
		Dallas, TX 75227				
	Optometrist	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date 10/15/2024	Full name of contributor out-of-state PA Arya O.D., Dimple Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$5.00
		Sugar Land, TX 77479				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date 10/15/2024	Full name of contributor out-of-state PA Aston II O.D., William Contributor address; City; State; Zip Code Ft Worth, TX 76179	AC (ID#:)		Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date 10/15/2024	Full name of contributor out-of-state PA Baker O.D., Catherine Contributor address; City; State; Zip Code Conroe, TX 77301	AC (ID#:)		Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/58 Rpt: 7/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
	Dringing Loggy	Mission, TX 78572	Contaver (Contact viet and	_		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Barajas O.D., Juan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$400.00
	Deinsinal assu	Mission, TX 78572	Franksian (Cooksaksiana	<u></u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Barber O.D., Matt Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Ft. Worth, TX 76116-5525				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Barnes O.D., Sophia Contributor address; City; State; Zip Code Houston, TX 77056			Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Barraza O.D., Jessica Contributor address; City; State; Zip Code Killeen, TX 76542			Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIB	UTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 5/58 Rpt: 8/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state PABashover O.D., Matthew Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
		Arlington, TX 76011				
8	Principal occu Optometrist	oation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PABate O.D., Joy Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Haslet, TX 76052 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist	(-,		
	Date 10/15/2024	Full name of contributor out-of-state PA Bernay O.D., Deborah Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$50.00
		La Porte, TX 77571				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PABhaga O.D., Sheetal Contributor address; City; State; Zip Code Frisco, TX 75036	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PA Bock O.D., Matthew Contributor address; City; State; Zip Code Houston, TX 77063	AC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			l			

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 6/58 Rpt: 9/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state PA Brending O.D., Gabrielle Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
		Seabrook, TX 77586	1			
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PA Brinegar O.D., Vaughn Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$20.00
	Deireciant	Cedar Park, TX 78613	Frankrije (Construction			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 10/15/2024	Full name of contributor out-of-state PA Brochetti O.D., Brenda Contributor address; City; State; Zip Code	SC (ID#:)		Amount of Contribution (\$)	\$200.00
		Plano, TX 75075				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PA Brown O.D., Corwin Contributor address; City; State; Zip Code Cleburne, TX 76003	C (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PA Brownlee O.D., Chris Contributor address; City; State; Zip Code Cedar Park, TX 78613	C (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			·			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 7/58 Rpt: 10/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state PAC (IE Bui O.D., Thoai Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$20.20
8	Drincinal occu	Carrollton, TX 75007 pation / Job title (See Instructions)	9 Employer (See Instructions	e) 		
0	Optometrist	pation / Job title (See Instructions)	Employer (See instructions	3)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (IE Bullard O.D., Heath Contributor address; City; State; Zip Code) #:)		Amount of Contribution (\$)	\$100.00
		Cleburne, TX 76033		Ĺ		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (IE Burket O.D., Caitlin Contributor address; City; State; Zip Code) #:)		Amount of Contribution (\$)	\$50.00
		Harlingen, TX 78552				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (IE Butler O.D., W Contributor address; City; State; Zip Code Round Rock, TX 78681)#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (IE Campbell O.D., Megan Contributor address; City; State; Zip Code Celina, TX 75009	D#:)		Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			'			

	MONET	ARY POLITICAL CONTI	RIBUTIONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this form.	1	Total pages Schedule A1: Sch: 8/58 Rpt: 11/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	Castleberry O.D., Kim	state PAC (ID#:) ode	7	Amount of Contribution (\$)	\$100.00
_	Delicalization	Plano, TX 75024	la Frankrija (O. a. lastrastica)	<u> </u>		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 10/15/2024	Full name of contributor out-of-s Catuncan O.D., Jennifer Contributor address; City; State; Zip Co	state PAC (ID#:) ode		Amount of Contribution (\$)	\$100.00
	Dringing aggr	Bedford, TX 76022	Employer (See Instruction			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 10/15/2024	Full name of contributor out-of-celico O.D., Brian Contributor address; City; State; Zip Co	state PAC (ID#:) ode		Amount of Contribution (\$)	\$20.20
		Dallas, TX 75231				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Celico O.D., Brian	state PAC (ID#:) ode		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Cerda O.D., Juan	state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			·			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 9/58 Rpt: 12/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state PAC (ID# Chang O.D., Sarah Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$200.00
		Houston, TX 77080				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/15/2024	Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$50.00
		Houston, TX 77004 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Optometrist					
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# Cherry O.D., Brian Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$100.00
		Ft Worth, TX 76137				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# Cheyne O.D., Chris Contributor address; City; State; Zip Code Granbury, TX 76049		•	Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> S)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# Cheyne O.D., Chris Contributor address; City; State; Zip Code Granbury, TX 76049	:)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIE	BUTIONS			SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	te this form.		1	Total pages Schedule A1: Sch: 10/58 Rpt: 13/67	
2	FILER NAME Texas Opton	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state Ohu O.D., Victoria Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_		Austin, TX 78745	1				
8	Optometrist	pation / Job title (See Instructions)	9 Em	nployer (See Instructions)		
	Date 10/15/2024	Cobb O.D., James	PAC (ID#:			Amount of Contribution (\$)	\$20.20
	Deinsinal assu	Amarillo, TX 79107	1	anlavar (Caa Iratuvatiana			
	Optometrist	pation / Job title (See Instructions)	Em	nployer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state Colston O.D., Ben Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Arlington, TX 76013					
	Principal occu Optometrist	pation / Job title (See Instructions)	Em	nployer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state Conley O.D., Alex Contributor address; City; State; Zip Code Fort Worth, TX 76131	PAC (ID#:)		Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Em	nployer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state Conroy O.D., Scott Contributor address; City; State; Zip Code Pasadena, TX 77505	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Em	nployer (See Instructions)		
			'				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/58 Rpt: 14/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75252		_		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Contaldi O.D., Mario Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Delicalization	N. Richland Hills, TX 76180	Frankrije (Ozaka tratinski sa	$\overline{\Gamma}$		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Cornett O.D., John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Amarillo, TX 79109				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Correale O.D., Suzanne Contributor address; City; State; Zip Code Alvin, TX 77511)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Cowan O.D., Steve Contributor address; City; State; Zip Code Amarillo, TX 79109			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 12/58 Rpt: 15/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_		Atlanta, TX 75551	1	_		
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Crowell O.D., Courtney Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76107	1			
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Culbertson O.D., Wayne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
		Dallas, TX 75225				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Cummings O.D., Kory Contributor address; City; State; Zip Code Fort Worth, TX 76107)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Curtis O.D., Barry Contributor address; City; State; Zip Code Frisco, TX 75034			Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 13/58 Rpt: 16/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$200.00
_		Amarillo, TX 79102	1	Ĺ		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instruction:	S)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (I Dang O.D., Thuyhong Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$20.20
	Principal occu	Houston, TX 77007 pation / Job title (See Instructions)	Employer (See Instruction:	e)		
	Optometrist	Janoi 17 Job line (See Instructions)	Employer (See Instruction	3)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (IDao O.D., Mavis Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$100.00
		Pearland, TX 77584				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (IDavid O.D., Ashley Contributor address; City; State; Zip Code San Angelo, TX 76904	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instruction	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (I Davis O.D., Mark Contributor address; City; State; Zip Code San Antonio, TX 78259	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instruction	s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 14/58 Rpt: 17/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_		San Antonio, TX 78215				
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# Day, Jr O.D., Bob Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Garland, TX 75041	Frankrija (Caa kastrijatia na			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# DeLoach O.D., Joe Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75219				
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# DeMaggio O.D., Julie Contributor address; City; State; Zip Code Mansfield, TX 76063	:)		Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> 5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# DeShaw O.D., Jonathan Contributor address; City; State; Zip Code Garland, TX 75042			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 15/58 Rpt: 18/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state PAC (ID#: Deakins O.D., Jennifer Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
_		Fort Worth, TX 76135		_		
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Delay O.D., Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Deinsinal	Boerne, TX 78015	Frankrije (Control to	$\overline{\Gamma}$		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Delk O.D., Kyle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.20
		Port Neches, TX 77651				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Dennis O.D., Keith Contributor address; City; State; Zip Code Round Rock, TX 78664			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Diaz O.D., Yvonne Contributor address; City; State; Zip Code Edinburg, TX 78541			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/58 Rpt: 19/67	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	5 Full name of contributor Dinh O.D., David6 Contributor address; City; Stat	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75206	T.				
8	Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Dolce O.D., Jackson Contributor address; City; Stat)		Amount of Contribution (\$)	\$100.00
	Deinsinal assu	Port Neches, TX 77651		Frankrian (Caa kashiristiana	<u></u>		
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Dunnigan O.D., Shawn Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.20
		Lumberton, TX 77657					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor Duong O.D., Nghiem Contributor address; City; Stat Richardson, TX 75080)		Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Ellis O.D., John Contributor address; City; Stat El Paso, TX 79902	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 17/58 Rpt: 20/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state PAC (ID# Ermis O.D., Keith Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
		Wharton, TX 77488				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/15/2024	Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$20.20
	Principal occu	Allen, TX 75002 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist			-,		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# Ezzell O.D., Steven Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$200.00
		Abilene, TX 79601				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# Fandry O.D., Ellen Contributor address; City; State; Zip Code seabrook, TX 77586	:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID# Feeser O.D., Michael Contributor address; City; State; Zip Code Huntingtown, MD 20639		•	Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/58 Rpt: 21/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_		Gainesville, TX 76240				
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor)		Amount of Contribution (\$)	\$100.00
	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)	Employer (See Instructions	·/_		
	Optometrist	oalion7 Job title (See Instructions)	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Fortenberry O.D., Sandra Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Helotes, TX 78023				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Gamini O.D., Safi Contributor address; City; State; Zip Code Plano, TX 75093			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Garcia O.D., Claudia Contributor address; City; State; Zip Code Houston, TX 77081)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
		-				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/58 Rpt: 22/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Houston, TX 77064 pation / Job title (See Instructions)	Employer (See Instructions			
•	Optometrist	Jation / Job title (See Instructions)	e Employer (See Instructions	')		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Gee O.D., Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringing! aggs	Missouri City, TX 77459	Employer (Coo Instructions	_		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Gibson O.D., David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Lubbock, TX 79423				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Graham Hayter O.D., Paul Contributor address; City; State; Zip Code Irving, TX 75063)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Gray O.D., David Contributor address; City; State; Zip Code Midland, TX 79705			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 20/58 Rpt: 23/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	Dringing age	Midland, TX 79705	0 Employer (Coo Instructions	<u></u>		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Greeman III O.D., Nelson Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78212 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist	sation, con the (occ mandellons)	Employer (dee mandenorie	3)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Greeman O.D., Kevin Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78212				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor	#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Greene O.D., Matthew Contributor address; City; State; Zip Code College Station, TX 77845			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRII	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 21/58 Rpt: 24/67	
2	FILER NAME Texas Opton	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state Greenstein O.D., Karena Contributor address; City; State; Zip Code 	PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
_		Dallas, TX 75216	1				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/15/2024	Hall O.D., Jamie	PAC (ID#:			Amount of Contribution (\$)	\$20.20
	Dringing age	Wills Point, TX 75169		Employer (Coo Instructions			
	Optometrist	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state Hammond O.D., Eric Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Austin, TX 78750					
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 10/15/2024	Hanson O.D., Mark	PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 10/15/2024	Full name of contributor out-of-state Harper O.D., Ellener Contributor address; City; State; Zip Code Fort Worth, TX 76131				Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	i)		
			l				

	MONET	ARY POLITICAL CONTRIE	BUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 22/58 Rpt: 25/67	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commissio 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state Hart O.D., Peggy Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Houston, TX 77079					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 10/15/2024	Harvey O.D., Cameo	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Abilene, TX 79605 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Optometrist	odion 7 oob title (occ motidetions)		Employer (See instructions	"		
	Date 10/15/2024	Full name of contributor out-of-state Hawari O.D., Andy Contributor address; City; State; Zip Code	PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
		Mineola, TX 75773					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state Hawkins O.D., Heidi Contributor address; City; State; Zip Code Amarillo, TX 79109	,		•	Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state Heeg O.D., Paul Contributor address; City; State; Zip Code Coppell, TX 75019				Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBI	SCHEDULE A1		
	The Instruc	ction Guide explains how to complete	e this form.	1 Total pages Schedul Sch: 23/58 Rpt: 26	
2	FILER NAME Texas Opton	netric PAC		3 Filer ID (Ethics Co. 00015622	mmission Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state PA Hejny O.D., Whitney Contributor address; City; State; Zip Code 		7 Amount of Contributi	on (\$) \$20.20
		Miles, TX 76861			
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Date 10/15/2024	Full name of contributor out-of-state PA Helbert-Green O.D., Carolyn Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contributi	on (\$) \$20.20
	Principal occu	Colleyville, TX 76034 pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Optometrist	,		,	
	Date 10/15/2024	Full name of contributor out-of-state PA Henry O.D., Amy Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contributi	on (\$) \$50.00
		Victoria, TX 77904			
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 10/15/2024	Full name of contributor out-of-state PAHoang O.D., Bao Contributor address; City; State; Zip Code Katy, TX 77494	AC (ID#:)	Amount of Contributi	on (\$) \$5.00
	Principal occu Accountant	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 10/15/2024	Full name of contributor out-of-state PA Hoang O.D., Kathy Contributor address; City; State; Zip Code Katy, TX 77494	AC (ID#:)	Amount of Contributi	on (\$) \$5.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	ns)	
			•		

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 24/58 Rpt: 27/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commissio 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_		San Antonio, TX 78257	1			
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (IE Huynh O.D., Hieu Contributor address; City; State; Zip Code) #:)		Amount of Contribution (\$)	\$100.00
	Dringing aggr	Dallas, TX 75240	Employer (Coo Instruction	<u></u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (IE Johle O.D., Sarah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Hutto, TX 78634				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (IE Johnson O.D., Murray Contributor address; City; State; Zip Code Dallas, TX 75287)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (IE Jolivette O.D., Nia Contributor address; City; State; Zip Code San Antonio, TX 78229			Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			'			

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 25/58 Rpt: 28/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_		Longview, TX 75605	· · · · · ·	Ļ		
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (Jordan O.D., Emily Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$20.20
	Dringing agg	Austin, TX 78746	Employer (See Instruction			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	15)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (Karanges O.D., Gayle Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$50.00
		Arlington, TX 76005				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (Kemp O.D., Robert Contributor address; City; State; Zip Code Houston, TX 77015-2310	(ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (Knight O.D., Millicent Contributor address; City; State; Zip Code Plano, TX 75093	(ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
			'			

	MONET	ARY POLITICAL CO	S 	SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 26/58 Rpt: 29/67	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	Full name of contributor Kocian O.D., LarryContributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$400.00
		Harker Heights, TX 76548					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor Kodukula O.D., Dipa Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.20
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Optometrist	,			,		
	Date 10/15/2024	Full name of contributor Kuder O.D., Bryan Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Carrollton, TX 75007					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Kuykendall O.D., Traci Contributor address; City; State; Cleburne, TX 76033	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/15/2024	Lagunas O.D., Claudio	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l_				

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete th	iis form.	1	Total pages Schedule A1: Sch: 27/58 Rpt: 30/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$400.00
8	Principal occu	Houston, TX 77075 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Optometrist	oalion / Job title (See instructions)	9 Employer (See instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (Lambert O.D., Sawyer Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$200.00
	Delicalization	Houston, TX 77008	Fundamen (October to attention			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (Larry O.D., Gunnell Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$100.00
		Witchita Falls, TX 76308				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (Le O.D., Anne Contributor address; City; State; Zip Code Houston, TX 77072	(ID#:)		Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (Le O.D., Hoan Contributor address; City; State; Zip Code Spring, TX 76135	(ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 28/58 Rpt: 31/67	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	5 Full name of contributor Le O.D., Kevin6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$20.20
0	Dringing con	Houston, TX 77054	10	Employer (See Instructions	·,		
8	Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	•)		
	Date 10/15/2024	Full name of contributor Le O.D., Lisa Contributor address; City; State;	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$100.00
	Principal occu	Missouri City, TX 77459 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Optometrist						
	Date 10/15/2024	Full name of contributor Lemanski O.D., Sundra Contributor address; City; State;	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78727					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Linh O.D., Linh Contributor address; City; State; Leander, TX 78641				Amount of Contribution (\$)	\$20.20
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Lou O.D., Oliver Contributor address; City; State; Cedar Park, TX 78613	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			'				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 29/58 Rpt: 32/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Houston, TX 77082 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Optometrist					
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.20
		Cypress, TX 77433				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Maldonado O.D., Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.20
		El Paso, TX 79902				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Maldonado O.D., Nicole Contributor address; City; State; Zip Code San Antonio, TX 78249)		Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Martin O.D., Joe Contributor address; City; State; Zip Code Cleburne, TX 76033			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONT		SCHEDULE A1		
	The Instru	ction Guide explains how to con	nplete this form.	1	Total pages Schedule A1: Sch: 30/58 Rpt: 33/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commissio 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of Martin O.D., Michal Contributor address; City; State; Zip C 			Amount of Contribution (\$)	\$200.00
_		Austin, TX 78735	اء جا	(2 1 1 1 1		
8	Optometrist	pation / Job title (See Instructions)	9 Empl	oyer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of Martinez O.D., Michelle Contributor address; City; State; Zip C	-state PAC (ID#:)	Amount of Contribution (\$)	\$50.00
		Ft. Worth, TX 76244				
	Optometrist	pation / Job title (See Instructions)	Empl	oyer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of Masters O.D., Trishna Contributor address; City; State; Zip C	-state PAC (ID#:)	Amount of Contribution (\$)	\$50.00
		Arlington, TX 76006				
	Principal occu Optometrist	pation / Job title (See Instructions)	Empl	oyer (See Instructions)		
	Date 10/15/2024	McCarty O.D., Dennis	-state PAC (ID#:Code)	Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Empl	oyer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of McClain O.D., Christos Contributor address; City; State; Zip C	-state PAC (ID#:)	Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Empl	oyer (See Instructions)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/58 Rpt: 34/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$200.00
_		Austin, TX 78759				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: McCown O.D., Joshua Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Gatesville, TX 76528		<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: McDaniel O.D., Stephen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		DallaS, TX 75208				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_McGowan O.D., Joseph Contributor address; City; State; Zip Code AUSTIN, TX 78748-1051			Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ McPherson O.D., Kimberly Contributor address; City; State; Zip Code North Richland Hills, TX 76180)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	NS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/58 Rpt: 35/67	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 5 Full name of contributor Means O.D., Stephen 6 Contributor address; City; Sta 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Huntsville, TX 77340					
8	Principal occu Optometrist	pation / Job title (See Instructions)		9 Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor Montgomery O.D., Brandi Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code)		Amount of Contribution (\$)	\$400.00
	Principal occu Optometrist	Missouri City, TX 77459 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor Moon O.D., Debra Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code)		Amount of Contribution (\$)	\$100.00
	Delinainal annu	Plano, TX 75024		Fundame (Conductivation			
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Moore O.D., Tory Contributor address; City; Sta Dumas, TX 79029)		Amount of Contribution (\$)	\$5.20
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor Mora O.D., David Contributor address; City; Sta Laredo, TX 78043	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CON		SCHEDULE A1			
	The Instruc	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 33/58 Rpt: 36/67	
2	FILER NAME Texas Opton	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor ou ou ou ou ou ou ou ou ou)	7	Amount of Contribution (\$)	\$26.00
_		San Antonio, TX 78240					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor ou Mosbacher O.D., Diane Contributor address; City; State; Zi	tt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$200.00
	Principal occu	Dallas, TX 75248 pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist	, , , , , , , , , , , , , , , , , , ,					
	Date 10/15/2024	Full name of contributor ou ou Mozdbar O.D., Sima Contributor address; City; State; Zi	it-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78750					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor ou Munson O.D., Kevin Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor ou Murrell O.D., Jessica Contributor address; City; State; Zip	p Code)		Amount of Contribution (\$)	\$400.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions)		
			·				

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 34/58 Rpt: 37/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$52.00
		Dallas, TX 75201				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Newton O.D., Ronald Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$200.00
	Principal occu	Laredo, TX 78040	Employer (See Instructions	<u>e)</u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Nguyen O.D., Hai Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$52.00
		Portland, TX 78374				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Nguyen O.D., Jenifer Contributor address; City; State; Zip Code Addison, TX 75001)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Nguyen O.D., Kimuyen Contributor address; City; State; Zip Code Richardson, TX 75082	<u>1</u>)#:)		Amount of Contribution (\$)	\$104.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 35/58 Rpt: 38/67	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	
4	Date 10/15/2024	5 Full name of contributor Nguyen O.D., Long6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00
		Houston, TX 77059					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/15/2024	Nguyen O.D., Quan					\$50.00
		Contributor address; City; S	tate; Zip Code		1		
		Houston, TX 77072					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	;) 		
	Optometrist	patient, con the (con mendent).		p.oye. (000ea acae	-,		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/15/2024	Nguyen O.D., Steve	out of state 1 No (IB#			7 another of Contains at on (4)	\$100.00
		Contributor address; City; S	tate; Zip Code				
		Dallas, TX 75224					
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	<u>. </u>		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/15/2024	Nguyen O.D., Thai-An					\$50.00
		Contributor address; City; S			1		
		Dallas, TX 75206					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	Optometrist		•	, , ,	•		
	Date	Full name of contributor	out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	10/15/2024	Nguyen O.D., Tu					\$50.00
		Contributor address; City; S	tate; Zip Code		1		
		Cypress, TX 77429					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Optometrist	, 122 and (330 mondone)	-,		,		
_							

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/58 Rpt: 39/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
_	Deignaignal	Grand Prairie, TX 75054	O Frankright (Cook in atmostic to			
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Nichols O.D., Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
		Mt Pleasant, TX 75455	5 1 (0 1 1 1			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ O'Brien O.D., Lisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Amarillo, TX 79109				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Ousley O.D., Bruce Contributor address; City; State; Zip Code Highland Village, TX 75077)		Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Park O.D., Jon Contributor address; City; State; Zip Code Irving, TX 75063			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/58 Rpt: 40/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$200.00
_	Deignaignal	Fort Stockton, TX 79735	D. Frankrian (Con Instructions			
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Pass O.D., Joshua Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Fort Stockton, TX 79735 pation / Job title (See Instructions)	Employer (See Instructions			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date 10/15/2024	Full name of contributor)		Amount of Contribution (\$)	\$100.00
		Frisco, TX 75035				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Patel O.D., Neha Contributor address; City; State; Zip Code Fort Worth, TX 76137)		Amount of Contribution (\$)	\$5.20
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Patel O.D., Nimisha Contributor address; City; State; Zip Code Houston, TX 77027			Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	·)		

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1			
	The Instru	ction Guide explains how to complete t	this form.	l	otal pages Schedule A1: ch: 38/58 Rpt: 41/67	
2	FILER NAME Texas Opton	netric PAC		l	er ID (Ethics Commission 0015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state PAC Patel O.D., Riyal Contributor address; City; State; Zip Code 		7 Ar	nount of Contribution (\$)	\$75.00
_		Austin, TX 78704	<u> </u>			
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Patel O.D., Samir Contributor address; City; State; Zip Code	C (ID#:)	Ar	nount of Contribution (\$)	\$100.00
	Delicalization	Beaumont, TX 77706	Frankrije (Ostakrije kolonije ostava i kolonije			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Patrick O.D., Carey Contributor address; City; State; Zip Code	C (ID#:)	Ar	nount of Contribution (\$)	\$50.00
		Allen, TX 75002				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Pena O.D., Benny Contributor address; City; State; Zip Code Kerrville, TX 78028	C (ID#:)	Ar	nount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Pepin O.D., Allison Contributor address; City; State; Zip Code Georgetown, TX 78628	C (ID#:)	Ar	nount of Contribution (\$)	\$52.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 39/58 Rpt: 42/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commissio 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state PAC Peterson O.D., Christopher Contributor address; City; State; Zip Code 	,	7	Amount of Contribution (\$)	\$50.00
_		Carrolton, TX 75006	1			
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Peterson O.D., Savannah Contributor address; City; State; Zip Code Webster, TX 77598	C (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Philip O.D., Blessy Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$400.00
	Principal occu Optometrist	Coppell, TX 75019 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Phillips O.D., Jeff Contributor address; City; State; Zip Code Texarkana, TX 75503	C (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Pillai O.D., Anith Contributor address; City; State; Zip Code Sugarland, TX 77479	C (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			·			

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1			
	The Instru	ction Guide explains how to complete t	his form.	1	pages Schedule A1: 40/58 Rpt: 43/67	
2	FILER NAME Texas Optor	netric PAC		3 Filer II 0001!	C (Ethics Commission 5622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7 Amou	nt of Contribution (\$)	\$200.00
_		Midlothian, TX 76065	T			
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Poole O.D., Mohan Contributor address; City; State; Zip Code	(ID#:)	Amou	nt of Contribution (\$)	\$50.00
	Principal occu	Marble Falls, TX 78654 pation / Job title (See Instructions)	Employer (See Instruction	ne)		
	Optometrist	oation / Job title (See instructions)	Employer (See instruction	15)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Prapta O.D., Shawn Contributor address; City; State; Zip Code	(ID#:)	Amou	nt of Contribution (\$)	\$50.00
		Mansfield, TX 76063				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Prati O.D., Martin Contributor address; City; State; Zip Code Houston, TX 77058	(ID#:)	Amou	nt of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 10/15/2024	Full name of contributor out-of-state PAC Proske O.D., Paul Contributor address; City; State; Zip Code Spring, TX 77379	(ID#:)	Amou	nt of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instruction	าร)		
			- '			

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 41/58 Rpt: 44/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state PAC (ID Proske O.D., Paul Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_		Spring, TX 77379	1	Ĺ		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Pulpan O.D., Stephanie Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$100.00
	Principal occur	Perryton, TX 79070 pation / Job title (See Instructions)	Employer (See Instructions	<u>-,</u>		
	Optometrist	oation / Job title (See instructions)	Employer (See Instructions	>)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Quinlivan O.D., Paige Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Georgetown, TX 78628				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Ramirez O.D., Angie Contributor address; City; State; Zip Code Pharr, TX 78582)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Ramirez O.D., Antonio Contributor address; City; State; Zip Code McAllen, TX 78504			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 42/58 Rpt: 45/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78232				
8	Principal occur Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date 10/15/2024	Full name of contributor ut-of-state PAC (ID#:_ Ratcliff O.D., Reagan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Friendswood, TX 77546				
	Principal occur Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Reneau O.D., Aaron Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Kingwood, TX 77345				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Reynolds O.D., Samantha Contributor address; City; State; Zip Code Haslet, TX 76052			Amount of Contribution (\$)	\$400.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Robertson O.D., Reid Contributor address; City; State; Zip Code Allen, TX 75013)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/58 Rpt: 46/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$104.00
_	Deireitad	Allen, TX 75013	O Faralance (Construction			
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson O.D., Beth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringing agg	Friendswood, TX 77546	Employer (See Instructions	·/		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	•)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson O.D., Nathaniel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$400.00
		Lufkin, TX 75904				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez O.D., Jaime Contributor address; City; State; Zip Code Weslaco, TX 78596			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Rojas O.D., Luis Contributor address; City; State; Zip Code Dallas, TX 75204			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONT	S	SCHEDULE A1			
	The Instru	ction Guide explains how to com	nplete this for	n.	1	Total pages Schedule A1: Sch: 44/58 Rpt: 47/67	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	Rosemore O.D., Corey	-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Frisco, TX 75035					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of- Rosemore O.D., Ryan Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$50.00
	Principal occu	Frisco, TX 75033 pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date 10/15/2024	Full name of contributor out-of- Salchak O.D., Robert Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Sugarland, TX 77479					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of- Sandberg O.D., Kyle Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of- Sappington O.D., Amanda Contributor address; City; State; Zip C Amarillo, TX 79119	-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONET	ARY POLITICAL CONTRIB	NS .	SCHEDULE A1			
	The Instruc	etion Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 45/58 Rpt: 48/67	
2	FILER NAME Texas Opton	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78723					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state P Segu O.D., Pat Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Missouri City, TX 77459 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Optometrist	nation, con the (coo mondations)		Employer (eee meadelene	,		
	Date 10/15/2024	Full name of contributor out-of-state P Shandley O.D., Brian Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$104.00
		Lake Jackson, TX 77566					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state P Shannon O.D., Bridget Contributor address; City; State; Zip Code Frisco, TX 75035)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state P Shauger O.D., Susan Contributor address; City; State; Zip Code Austin, TX 78727)		Amount of Contribution (\$)	\$400.00
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL CO	IS 	SCHEDULE A1			
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 46/58 Rpt: 49/67	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	5 Full name of contributor Sianghio O.D., Leyden6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78255					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Sitterle O.D., Scott Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78247 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Optometrist	,		, ., . (,		
	Date 10/15/2024	Full name of contributor Smith O.D., Cameron Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$50.00
		Mansfield, TX 76063					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Sorrenson O.D., Laurie Contributor address; City; State Cedar Park, TX 78613	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor Sosa O.D., Virginia Contributor address; City; State Uvalde, TX 78801	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$400.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRI		E A1			
	The Instru	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 47/58 Rpt: 50/67	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 5 Full name of contributor out-of-state Stephens O.D., Nancy 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	5	Pearland, TX 77581	la la		<u></u>		
8	Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/15/2024	Steven O.D., Kurtin)		Amount of Contribution (\$)	\$50.00
	Deinsinal	Dallas, TX 75252		Frankrije (Construction	$\overline{\Gamma}$		
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state Strickland O.D., Clipper Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Big Spring, TX 79720					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Strong O.D., Jane				Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/15/2024	Sturm O.D., Mark				Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)		Employer (See Instructions	s)		
			I				

	MONET	ARY POLITICAL CONT	RIBUTIONS	SCHEDULE A1			
	The Instru	ction Guide explains how to con	nplete this form.	1	Total pages Schedule A1: Sch: 48/58 Rpt: 51/67		
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)	
4	Date 10/15/2024	 Full name of contributor out-of Sullivan O.D., Mitchell Contributor address; City; State; Zip Contributor contrib		7	Amount of Contribution (\$)	\$200.00	
		Carrollton, TX 75006					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)			
	Date 10/15/2024	Full name of contributor out-of Taylor O.D., Alicia Contributor address; City; State; Zip C	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$50.00	
	Principal occu	Dallas, TX 75243 pation / Job title (See Instructions)	Employer (See Instruction	ns)			
	Optometrist	(,			
	Date 10/15/2024	Taylor O.D., Erin	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$100.00	
		Amarillo, TX 79110					
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
	Date 10/15/2024	Terrell O.D., Jenny	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$100.00	
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instruction	ns)			
	Date 10/15/2024	Thames O.D., Lacey	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$100.00	
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 49/58 Rpt: 52/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$20.20
_	Deire sin al access	Amarillo, TX 79109	• Fundame (Contraction	<u></u>		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Thomas O.D., Jeff Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Deire sin al acces	Melissa, TX 75454	Faralas an (Caralas tracticas	<u></u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson O.D., Melanie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		Amarillo, TX 79109				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Thornton O.D., Kristofer Contributor address; City; State; Zip Code Longview, TX 75605)		Amount of Contribution (\$)	\$200.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Tilson O.D., Alan Contributor address; City; State; Zip Code Irving, TX 75038			Amount of Contribution (\$)	\$52.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTR	SCHEDULE A1				
	The Instru	ction Guide explains how to comp	olete this for	m.	1	Total pages Schedule A1: Sch: 50/58 Rpt: 53/67	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-st Tovias O.D., Mayra Contributor address; City; State; Zip Coo)	7	Amount of Contribution (\$)	\$26.00
		Santa Fe, TX 77510					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/15/2024	Tran O.D., Anthony				Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75206 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Optometrist	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,,, (
	Date 10/15/2024	Full name of contributor out-of-st Tran O.D., Jessica Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Austin, TX 78759					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Tran O.D., Joshua)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Tran O.D., Lori				Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 51/58 Rpt: 54/67	
2	FILER NAME Texas Optor	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
		Carrollton, TX 75010				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Trichel O.D., Jessica Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00
		Texarkana, TX 75503	1	Ļ		
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Trinh O.D., Kim Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78728				
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Tupa O.D., Faye Contributor address; City; State; Zip Code Ganado, TX 77962	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Turner O.D., Kimberly Contributor address; City; State; Zip Code San Antonio, TX 78258	#)		Amount of Contribution (\$)	\$52.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CON		SCHEDUL	E A1		
	The Instru	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 52/58 Rpt: 55/67	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out Twa O.D., Michael Contributor address; City; State; Zip 			7	Amount of Contribution (\$)	\$100.00
_	Daine in all a con-	Houston, TX 77019	- la	Faradaya (Can Instruction			
8	Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 10/15/2024	Tybor O.D., David Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78749 pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date 10/15/2024	Full name of contributor out Tybor O.D., John Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78746					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out Upchurch O.D., Alan Contributor address; City; State; Zip	-of-state PAC (ID#:) Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/15/2024	Urizar O.D., Jocelyn	-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions)		
			ı				

	MONET	ARY POLITICAL C	NS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 53/58 Rpt: 56/67	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	5 Full name of contributor Vasquez O.D., Celina6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$400.00
		Palmview, TX 78572					
8	Principal occu Optometrist	pation / Job title (See Instructions)		9 Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor Vaughn O.D., Jamel Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	Principal occu	Lubbock, TX 79416 pation / Job title (See Instructions)		Employer (See Instructions	z)		
	Optometrist	pation / 300 title (300 manacions)		Employer (See instructions	۰)		
	Date 10/15/2024	Full name of contributor Voigt O.D., Kevin Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$500.00
		Corpus Christi, TX 78414					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor Vorster O.D., Edward Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Wagner O.D., Troy Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE		
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 54/58 Rpt: 57/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	District	Longview, TX 75603	le Frankrik (Con Instruction			
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Walters O.D., Mary Kate Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$50.00
	Delicalization	Fort Worth, TX 76008	Tour law of (Con landwork)	<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Warstler O.D., Ashley Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00
		Houston, TX 77042				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Way O.D., David Contributor address; City; State; Zip Code Spring, TX 77379)		Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID Wedel O.D., Karl Contributor address; City; State; Zip Code Cleburne, TX 76033			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	oation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 55/58 Rpt: 58/67	
2	FILER NAME Texas Opton	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	Weedman O.D., Audrey	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		New Braunfels, TX 78132					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/15/2024	Wei O.D., Deborah Contributor address; City; State;				Amount of Contribution (\$)	\$5.20
	Principal occu	Plano, TX 75024 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date 10/15/2024	Full name of contributor West O.D., Jacob Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
		Flint, TX 75762					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 10/15/2024	Full name of contributor Wiatrek O.D., Beverly Contributor address; City; State; San Antonio, TX 78223				Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Wiechmann O.D., Alexandra Contributor address; City; State; San Antonio, TX 78209	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	()		
			•				

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 56/58 Rpt: 59/67	
2	FILER NAME Texas Optor	netric PAC			3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	5 Full name of contributor Wild O.D., Tristan6 Contributor address; City; Stat)	7	Amount of Contribution (\$)	\$104.00
_		Austin, TX 78730					
8	Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Date 10/15/2024	Full name of contributor Wilken O.D., Bret Contributor address; City; Stat)		Amount of Contribution (\$)	\$50.00
		Coppell, TX 75019					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Williams O.D., Bryan Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$200.00
		Dallas, TX 75226					
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor Williams O.D., James Contributor address; City; Stat Joplin, MO 64804				Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 10/15/2024	Full name of contributor Wilson O.D., Kent Contributor address; City; Stat Terrell, TX 75160	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$52.00
	Principal occu Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 57/58 Rpt: 60/67	
2	FILER NAME Texas Opton	netric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_		Seminole, TX 79360	1	_		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Wright O.D., Lance Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Deinsinal assu	Seminole, TX 79360	Franksian (Caa kastuustiana	<u></u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Yates O.D., Ashleigh Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
		San Antonio, TX 78247				
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Yee O.D., Jamie Contributor address; City; State; Zip Code Dallas, TX 75033			Amount of Contribution (\$)	\$100.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Yeh O.D., Shihwei Contributor address; City; State; Zip Code Frisco, TX 75035			Amount of Contribution (\$)	\$10.40
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 58/58 Rpt: 61/67	
2	FILER NAME Texas Optor	ILER NAME exas Optometric PAC		3	Filer ID (Ethics Commission 00015622	n Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state PAC (ID#: Yousef O.D., Deliah Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	9 Employer (See Instructions	 - s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Zhang O.D., Joyce Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Zike O.D., Abigail Contributor address; City; State; Zip Code College Station, TX 77845			Amount of Contribution (\$)	\$104.00
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 1/4 Rpt: 62/67	Texas Optometric PAC 00015622	
4 Date	5 Payee name	
10/03/2024	Carol Alvarado Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,000.00	6645 Rockbridge	
Expenditure from corporate funds	Houston, TX 77023	
8 PURPOSE		_
OF	, (con same same and a same same same)	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Contributions	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	1	
Date	Payee name	=
10/03/2024	Christina Morales Campaign	
Amount (\$)	Payee address; City; State; Zip Code	_
` *	2109 Canal St	
\$1,000.00	2109 Canai Si	
Expenditure from		
corporate funds	Houston, TX 77003	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
_/	Candidate/Officeholder/Political Committee	
	Campaign Contributions	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
'		_
Date	Payee name	
10/03/2024	Elizabeth Campos Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	1028 Rigsby	
Expenditure from corporate funds	San Antonio, TX 78210	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Campaign Contributions	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	٦
expenditure to benefit C/OI	1	
		_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 2/4 Rpt: 63/67	
•	·
4 Date	5 Payee name
10/03/2024	Jose Menendez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	1518 Townsend House
Expenditure from	San Antonio, TX 78251
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Continuations
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/OI	
Date	Payee name
10/23/2024	Lacey Hull Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 19231
\$2,500.00	FO BOX 19231
Expenditure from	
corporate funds	Houston, TX 77224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFLINDITORL	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/03/2024	Lulu Flores Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 40969
Evponditure from	
Expenditure from corporate funds	Austin, TX 78704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 64/67	Texas Optometric PAC 00015622
4 Date	5 Payee name
10/03/2024	Mark Dorazio Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 461341
Expenditure from corporate funds	Austin, TX 78246
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	'
Date	Payee name
10/03/2024	Matt Shaheen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3917 Malton Drive
Expenditure from corporate funds	Plano, TX 75025
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuutions
One of the ONE Wife disease	Our stide to 100% as health as a sure
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Philip Cortez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	7919 Liberty Island
72,000.00	
Expenditure from corporate funds	San Antonio, TX 78227
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
S. Polland to bollone 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/4 Rpt: 65/67	Texas Optometric PAC 00015622
4 Date 10/03/2024	5 Payee name Steve Toth Campaign
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 23 E Sundance Circle
Expenditure from corporate funds	The Woodlands, TX 77382
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/03/2024	Trey Martinez Fischer Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2248 W. Magnolia
Expenditure from corporate funds	San Antonio, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuations
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE |

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

SCHEDULE |

	The Instruction Guide explains how to complete this form.		
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 Expenditure from corporate funds	7 Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Payment fee		
Date	Payee name		
10/06/2024	QuickBooks Payments		
Amount (\$)	Payee Address; City; State; Zip		
604.76	2632 Marine Way		
Expenditure from corporate funds	Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees		
Date	Payee name		
10/23/2024	TOA Facility		
Amount (\$)	Payee Address; City; State; Zip		
750.00	3011 N Lamar ste 300		
Expenditure from corporate funds	Austin, TX 78705		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description Facility Fee		