

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00062672	2 Total pages filed: 52
3 COMMITTEE NAME DOCPAC of Texas		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/10/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd. Napa, CA 94558-0900		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Elizabeth		
	NICKNAME LAST SUFFIX Healy		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd. Napa, CA 94558-0900		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd. Napa, CA 94558-0900		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd. Napa, CA 94558-0900		
	AREA CODE PHONE NUMBER EXTENSION (707) 226-0413		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2024 12/31/2024		
	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME DOCPAC of Texas	13 Filer ID (Ethics Commission Filers) 00062672
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 380.61
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,505.21
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 50.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 174,026.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Elizabeth Healy

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME DOCPAC of Texas		18 Filer ID (Ethics Commission Filers) 00062672
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,289.06
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 750.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 5,466.15
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 50.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2,881.96

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/44 Rpt: 4/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABREU-LAWRENCE, CHARITY <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572-6615	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABREU-LAWRENCE, CHARITY <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-4529	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AHMED, DANIYAL <hr/> Contributor address; City; State; Zip Code Galveston, TX 77555-5302	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALAZAR, MAURICE <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76033-1250	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abo-Kayass, Ahmad (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-7755	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/44 Rpt: 5/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abo-Kayass, Ahmad (Dr.) 6 Contributor address; City; State; Zip Code Plano, TX 75075-7755	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Timothy (Dr.) Contributor address; City; State; Zip Code Benbrook, TX 76109-6961	Amount of Contribution (\$) \$133.32
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Timothy (Dr.) Contributor address; City; State; Zip Code Benbrook, TX 76109-6961	Amount of Contribution (\$) \$133.34
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Afzal, Rabeea (Dr.) Contributor address; City; State; Zip Code Katy, TX 77493-5160	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alassaf, Omar (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76244-5165	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/44 Rpt: 6/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alassaf, Omar (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76244-5165	7 Amount of Contribution (\$) \$16.67
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaya Grever, Iliana (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256-2495	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amir, Mohammad (Dr.) <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082-4277	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amir, Mohammad (Dr.) <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082-4277	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Dorian (Dr.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072-3308	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/44 Rpt: 7/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Dorian (Dr.) <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75072-3308	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Miriam (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-4224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashnagar, Sajjad (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243-7159	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayyash, Noora (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2907	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayyash, Noora (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2907	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/44 Rpt: 8/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagnabana, Lawkpezi	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Houston, TX 77056-4668		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagnabana, Lawkpezi	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Houston, TX 77056-4668		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaber, William (Dr.)	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Heath, TX 75032-8875		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaber, William (Dr.)	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Heath, TX 75032-8875		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessey, Christopher (Dr.)	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Cypress, TX 77433-7062		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/44 Rpt: 9/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessey, Christopher (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77433-7062	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brar, Chamandeep (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4409	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brar DDS, Kamaljeet (Dr.) <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-3251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brar DDS, Kamaljeet (Dr.) <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-3251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brice, James <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249-4153	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/44 Rpt: 10/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Kelly (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78731-3341	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Joshua (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78745-2361	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Joshua (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78745-2361	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Joshua (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78745-2361	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Javen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78255-1041	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/44 Rpt: 11/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Javen (Dr.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78255-1041		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Cecilia	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code Austin, TX 78701-1921		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Cecilia	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code Austin, TX 78701-1921		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanana, Nitin (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Southlake, TX 76092-5908		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanana, Nitin (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Southlake, TX 76092-5908		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/44 Rpt: 12/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandrasekaran, Charukesi (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Allen, TX 75013-5335	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Brian (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Temple, TX 76502-3356	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Brian (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Temple, TX 76502-3356	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEHESI, BENJAMIN	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3916	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEHESI, BENJAMIN	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3916	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/44 Rpt: 13/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deosarran, Kevin <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-3230	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshmukh, Shweta (Dr.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-7418	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuBois, Holly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-0512	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuBois, Holly (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-0512	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsherif, Ahmed (Dr.) <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-3404	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/44 Rpt: 14/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsherif, Ahmed (Dr.)	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Cypress, TX 77433-3404	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERNANDEZ, EDGAR	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code El Paso, TX 79936-8902	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERNANDEZ, EDGAR	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code El Paso, TX 79935-3046	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fagan, Fallon (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Pearland, TX 77584-2169	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Georgeanne	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Austin, TX 78703-4891	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/44 Rpt: 15/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Georgetanne <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-4891	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Deborah (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2341	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Deborah (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2341	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Evan (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2055	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Evan (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2055	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/44 Rpt: 16/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GADDAM, SATISH <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035-0536	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GADDAM, SATISH <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035-0536	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, PATRICK <hr/> Contributor address; City; State; Zip Code Spring, TX 77389-5459	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENCROSS, PHILIP <hr/> Contributor address; City; State; Zip Code Houston, TX 77077-1760	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUSTAFSON, ERIC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-7703	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/44 Rpt: 17/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Mark (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76123-1969	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ramon (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78212-4516	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ramon (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78212-4516	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gichinga-Mugwe, Monicah (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Midlothian, TX 76065-3877	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goetting, Bruce (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Yantis, TX 75497-2714	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/44 Rpt: 18/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goetting, Bruce (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Yantis, TX 75497-2714	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, David (Dr.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77041-5758	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, David (Dr.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77041-5758	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, David (Dr.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77041-5758	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace, Lorenda (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Desoto, TX 75123-0904	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/44 Rpt: 19/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 08/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gripon, Edward <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706-3061	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grisel, Jedidiah <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310-1123	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grisel, Jedidiah <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310-1123	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gromov, Irina (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-0334	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Daniel (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4945	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/44 Rpt: 20/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Daniel (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78746-4945	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasan, Saad (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carrollton, TX 75010-1132	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasan, Saad (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carrollton, TX 75010-1132	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Sylvia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Sylvia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/44 Rpt: 21/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hussain, Mustafa <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106-2527	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh, Thanh <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-5154	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh, Thanh <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-5154	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iglesias, Michelle <hr/> Contributor address; City; State; Zip Code Socorro, TX 79927-2978	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Nazrul (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78750-3817	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/44 Rpt: 22/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Nazrul (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78750-3817	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Izzat Beck, Tareq	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77075-4911	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Tonjolique (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob, Rhema (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Southlake, TX 76092-6843	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob, Rhema (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Southlake, TX 76092-6843	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/44 Rpt: 23/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Peter (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code The Woodlands, TX 77380-1179	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KHAN, MD, ALI	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McKinney, TX 75072-6944	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIM, YOHAN	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Grapevine, TX 76051-1253	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalish, Raime (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77024-2531	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubista, Nikolaus (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Boerne, TX 78006-0892	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/44 Rpt: 24/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laboy Vazquez, Wilfredo (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77080-4302	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laboy Vazquez, Wilfredo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77080-4302	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawhon, Janet	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75240-6402	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawhon, Janet	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75240-6402	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livingston, Kenneth (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New Braunfels, TX 78131-1701	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/44 Rpt: 25/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livingston, Kenneth (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code New Braunfels, TX 78131-1701	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jorge	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75230-6865	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jorge	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75230-6865	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez-Sepulveda, Jaxel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Irving, TX 75061-2635	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez-Sepulveda, Jaxel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Irving, TX 75061-2635	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/44 Rpt: 26/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Suzanne <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76201-3089	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Suzanne <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-3089	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mascorro, Jeanna <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-4818	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mascorro, Jeanna <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-4818	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew, Biju (Dr.) <hr/> Contributor address; City; State; Zip Code Garland, TX 75043-1147	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/44 Rpt: 27/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew, Biju (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Garland, TX 75043-1147	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Longview, TX 75605-6911	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Longview, TX 75605-6911	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Samuel	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77069-3320	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcfarlane MD, Nadia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Richmond, TX 77407-1741	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/44 Rpt: 28/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Steffi (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McKinney, TX 75071-1657	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mentesana, Catherine (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Allen, TX 75013-3717	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelsen, Soad (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78212-2550	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Justin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79938-4568	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Justin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79938-4568	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/44 Rpt: 29/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molcut, Maria <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205-1842	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jeremy (Dr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-3804	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moszkowicz, Arie (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257-5081	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myhre, David (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78717-3937	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NWOFOR, FLORENCE <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-3309	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/44 Rpt: 30/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NWOFOR, FLORENCE <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79902-3309	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen Vo, Giang Nam (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-2502	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen Vo, Giang Nam (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-2502	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noor, Sadaf (Dr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036-4505	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noor, Sadaf (Dr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036-4505	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/44 Rpt: 31/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noureddin, Mazen (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77079-3012	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noureddin, Mazen (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-3012	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutis, Mario (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79925-7647	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutis, Mario (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79925-7647	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obi, Somto (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77051-2123	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/44 Rpt: 32/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obi, Somto (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77051-2123	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, David <hr/> Contributor address; City; State; Zip Code Live Oak, TX 78233-3144	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odumusi, Kolawole (Dr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761-4605	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odumusi, Kolawole (Dr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761-4605	Amount of Contribution (\$) \$133.32
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogu, Uchechukwu (Dr.) <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-7044	Amount of Contribution (\$) \$66.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/44 Rpt: 33/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 08/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrinsky, Rina <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4472	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrinsky, Yevgeniy (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4472	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, LYNDA <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628-4009	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATEL, SANJAYKUMAR <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2765	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICHOT, MARK <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-5732	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/44 Rpt: 34/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICHOT, MARK <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-5732	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, William (Dr.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304-1337	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, William (Dr.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304-1337	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascoe, John (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-4324	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peng, Cong (Dr.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-8725	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/44 Rpt: 35/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peng, Cong (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pearland, TX 77584-8725	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Doan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77095-2753	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Doan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77095-2753	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/44 Rpt: 36/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pineda, Ramon <hr/> 6 Contributor address; City; State; Zip Code Pasadena, TX 77502-1421	7 Amount of Contribution (\$) \$90.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popoola, Femi (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251-4834	Amount of Contribution (\$) \$200.01
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popoola, Femi (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251-4834	Amount of Contribution (\$) \$200.01
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajendran, Karthikayan <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-5335	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Gautam (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77042-1013	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/44 Rpt: 37/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Gautam (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77042-1013	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Nanditha (Dr.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code San Antonio, TX 78216-7201	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Nanditha (Dr.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code San Antonio, TX 78216-7201	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Caleigh (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4736	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Caleigh (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4736	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/44 Rpt: 38/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SABOUR, YASI <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231-8138	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAFFNER, MEGAN <hr/> Contributor address; City; State; Zip Code Webster, TX 77598-2190	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOICA, MIHAELA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-6628	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sagullo, Raquel <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-6908	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sagullo, Raquel (Dr.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-1156	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/44 Rpt: 39/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sayani, Nurin (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-5667	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwalm, Scott (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Van Alstyne, TX 75495-2223	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedrak, Joseph (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77019-1508	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sedrak, Joseph (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77019-1508	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Asif (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78732-2089	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/44 Rpt: 40/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Asif (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78732-2089	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Balbir	Amount of Contribution (\$) \$180.00
	Contributor address; City; State; Zip Code New Boston, TX 75570-4105	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slack, Charles (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Allen, TX 75013	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, James (Dr.)	Amount of Contribution (\$) \$216.71
	Contributor address; City; State; Zip Code Plano, TX 75024-3566	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, James (Dr.)	Amount of Contribution (\$) \$216.71
	Contributor address; City; State; Zip Code Plano, TX 75024-3566	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/44 Rpt: 41/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Matthias (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Prosper, TX 75078-9447	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soomar, Lauren (Dr.)	Amount of Contribution (\$) \$16.67
	Contributor address; City; State; Zip Code Austin, TX 78702-1831	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soomar, Lauren (Dr.)	Amount of Contribution (\$) \$16.67
	Contributor address; City; State; Zip Code Austin, TX 78702-1831	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stetzner, Larry (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Frisco, TX 75036-1419	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stetzner, Larry (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Frisco, TX 75036-1419	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/44 Rpt: 42/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroud, China (Dr.)	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Arlington, TX 76005-4613	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart, Hunter	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Arlington, TX 76012-5393	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, MADHAVI	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Bryan, TX 77802-2544	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Kimberlie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613-2762	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANGALA, SEETA	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Irving, TX 75063-3486	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/44 Rpt: 43/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandiver, William (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75214-3140	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandiver, William (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75214-3140	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanscoy-Pham, Jennifer	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78251-2961	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanscoy-Pham, Jennifer	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78251-2961	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varon, Jacobo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bellaire, TX 77401-4045	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/44 Rpt: 44/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATSON, BLAIR <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77058-3775	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Melissa (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-1401	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Melissa (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-1401	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Cheryl (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-1711	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Jessica <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-3325	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/44 Rpt: 45/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Remi <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225-3325	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wieck, Thomas <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701-4606	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Aldon (Dr.) <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-0320	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wills, Harold (Dr.) <hr/> Contributor address; City; State; Zip Code Tomball, TX 77375-4256	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lorin (Dr.) <hr/> Contributor address; City; State; Zip Code Early, TX 76802-2130	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/44 Rpt: 46/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lorin (Dr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Early, TX 76802-2130	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worrell, Paul (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-8635	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worrell, Paul (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-8635	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeganov, Vladislav (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75246	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yinka, Ola (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Plano, TX 75024	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Bbva Compass

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/44 Rpt: 47/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yost, Allison <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205-5518	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yost, Allison <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-5518	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zanchi, Michael <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526-3858	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhou, Tao (Dr.) <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539-4510	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) shoamn, adam <hr/> Contributor address; City; State; Zip Code Hasbrouck Heights, NJ 07604-3112	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

**MONETARY SUPPORT FROM CORPORATION OR
LABOR ORGANIZATION**

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 48/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/01/2024	5 Corporation / Labor Organization name The Doctors Company	6 Amount (\$) 750.00

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION**

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 49/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/31/2024	5 Corporation / Labor Organization name The Doctors Company	6 Amount (\$) 5,466.15

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 50/52	2 FILER NAME DOCPAC of Texas	3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/08/2024	5 Payee name Atique A Khan MD PA	
6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2219 W Eules Blvd Eules, TX 76040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donor Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of 5/23/24 Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 51/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/09/2024	5 Name of person from whom amount is received Wells Fargo Bank	8 Amount (\$) \$417.85
	6 Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/08/2024	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$503.98
	Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/10/2024	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$515.58
	Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/08/2024	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$466.50
	Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/08/2024	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$504.12
	Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 52/52
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/09/2024	5 Name of person from whom amount is received Wells Fargo Bank	8 Amount (\$) \$473.93
	6 Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	7 Purpose for which amount is received Interest	<input type="checkbox"/> Check if political contribution returned to filer