FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016210 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Podiatric Medical PAC Date Received **ELECTRONICALLY FILED** 01/13/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 918 Congress Ave., Ste. 200 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Melinda NAME NICKNAME LAST **SUFFIX** Daise STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 918 Congress Ave., Ste. 200 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 918 Congress Ave., Ste. 200 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 494-1123 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/03/2025 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Podiatric Medical PA	AC		000162	10
ACTIVITY (Ide	Candidates entify by name or, if plicable, classify by party.)	A. Supported Sen. Charles Perry State Sena	ator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(De	Measures escribe by date and location election and nature of issue.)	A. Supported		
		B. Opposed		
(Ide	Officeholders Assisted entify by name or, if plicable, classify by party.)			
15 CONTRIBUTION 1. TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
2.		L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,627.00
EXPENDITURE 3. TOTALS	TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
4.	TOTAL POLITICA	L EXPENDITURES	\$	47,000.00
CONTRIBUTION 5. BALANCE	TOTAL POLITICAL O	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	5,771.70
OUTSTANDING 6. LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mrs. Meli	nda Daise	
		Signature of Car	mpaign Trea	asurer
AFFIX NOTARY ST	AMP / SEAL ABOVE			
		, th	nis the	day
of, 20	0, to certify v	vhich, witness my hand and seal of office.		
Signature of officer admin	istering oath	Printed name of officer administering oath	Title of o	officer administering oath

FORM GPAC ADDENDUM

Page 3 of 54

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Podiatric Medical	PAC			00016210	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Toni Rose State Represe	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A Supported	Sen. Cesar Blanco State Sena	tor	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Sen. Cesai Bianco State Sena	toi	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Joan Huffman State Sena	itor	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 4 of 54

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Podiatric Medical	PAC			00016210	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		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.)		Dan Patrick Lieutenant Governo	or	
	COMMITTEE	1. Candidates	A. Supported	Sen. Brandon Creighton State S	Senator	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Ç		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Bryan Hughes State Senat	tor	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 5 of 54

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Podiatric Medical	PAC			00016210	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Charles Schwertner State	Senator	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Rep. Erin Gamez State Repres	entative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Nop. 2.111 Gainer Giate Nopres	onidavo	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Cole Hefner State Repres	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 6 of 54

COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Podiatric Medical		_		00016210	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Jose Menendez State Sen	ator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Judith Zaffirini State Senat	cor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Kelly Hancock State Sena	tor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 7 of 54

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Podiatric Medical	PAC			00016210	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Joe Moody State Represe	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A Supported	Rep. Ann Johnson State Repre	sentative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Rep. Aiii Joilison State Repre	Sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Nicole Collier State Repre	sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 8 of 54

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Podiatric Medical	PAC			00016210	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Armando Walle State Rep	presentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)	7 ti Gapportoa			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Sen. Lois Kolkhorst State Sena	tor	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Todd Hunter State Repres	sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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FORM GPAC ADDENDUM

Page 9 of 54

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Podiatric Medical	PAC			00016210	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Bobby Guerra State Repre	I esentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Rep. Lozano Jose State Repres	sentative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Tropi Zozano coco Ciato Ropios	, ornauvo	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Juan Hinojosa State Sena	tor	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 10 of 54

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Podiatric Medica	I PAC			00016210	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Chris Turner State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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.)		Greg Abbott Governor		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Dustin Burrows State Repr	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Assisted (Identify by name or, if				

FORM GPAC ADDENDUM

Page 11 of 54

Texas Podiatric Medical PAC 14 COMMITTEE	ate Representative
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed	ate Representative
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	
3. Officeholders Assisted (Identify by name or, if	
Assisted (Identify by name or, if	
applicable, classify by party.)	
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Rep. David Cook State	Representative
(Attach lists on plain paper to complete this report if necessary.)	
Measures (Describe by date and location of election and nature of issue.) A. Supported	
B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Rep. James Frank State (Identify by name or, if applicable, classify by party.)	e Representative
(Attach lists on plain paper to complete this report if necessary.) B. Opposed	
Measures (Describe by date and location of election and nature of issue.) A. Supported	
B. Opposed	
Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

FORM GPAC ADDENDUM

Page 12 of 54

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Podiatric Medical	I PAC			00016210	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Mary Gonzalez State Rep.	resentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Rep. Ryan Guillen State Repres	sentative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Venton Jones State Repre	esentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			-
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 13 of 54

COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Podiatric Medical	I PAC			00016210	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Oscar Longoria State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Eddie Morales State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Sergio Munoz State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Texas Podiatric Medica COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	Texas Podiatric Medical PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Texas Podiatric Medical PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (Describe by date and location of election and nature of issue.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.)	Texas Podiatric Medical PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported D. Opposed A. Supported D. Opposed A. Supported D. Opposed D. Opposed A. Supported D. Opposed D. Opposed	Texas Podiatric Medical PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY 3. Officeholders Assisted (deetily by rare or, if applicable, classify by party). COMMITTEE ACTIVITY 1. Candidates (deetily by rare or, if applicable, classify by party). COMMITTEE ACTIVITY 2. Measures (deetily by rare or, if applicable, classify by party). COMMITTEE ACTIVITY 2. Measures (deetily by rare or, if applicable, classify by party). COMMITTEE ACTIVITY 2. Measures (deetily by rare or, if applicable, classify by party). Committee or is applicable, classify by party). COMMITTEE ACTIVITY 2. Measures (destily by rare or, if applicable, classify by party). Committee or issue) B. Opposed COMMITTEE ACTIVITY 2. Measures (destily by rare or, if applicable, classify by party). COMMITTEE ACTIVITY 2. Measures (destily by rare or, if applicable, classify by party). COMMITTEE ACTIVITY 2. Measures (destily by rare or, if applicable, classify by party). COMMITTEE ACTIVITY 2. Measures (Describe by date and local or dection and local or

FORM GPAC ADDENDUM

Page 14 of 54

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Podiatric Medical	PAC			00016210	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Dade Phelan State Repre	sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Rep. Carl Tepper State Repres	entative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Top. Car. Topper Clare Top. Co		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Brian Birdwell State Senat	or	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 15 of 54

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Podiatric Medical	I PAC			00016210	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Pete Flores State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A Supported	Con Bob Hall Ctate Constan		
	ACTIVITY		A. Supported	Sen. Bob Hall State Senator		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Borris Miles State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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FORM GPAC ADDENDUM

Page 16 of 54

						1 age 10 01 01
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Podiatric Medical	PAC			00016210	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Tan Parker State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Sen. Kevin Sparks State Senato	or	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Com Nevin Opano Guae Genac	51	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Adam Hinojosa State Sena	ator	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			17 of 54			
	TTEE NAME Podiatric Medical PAC	18 Filer ID 00016210	(Ethics Commissi	ion Filers)		
l	ULE SUBTOTALS DF SCHEDULE		SUBTOTAL	AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,627.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	OR	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORC	GANIZATION	\$			
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	₹	\$			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$			
9.	SCHEDULE E: LOANS		\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	47,000.00		
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IONS	\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 1/22 Rpt: 18/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 10/27/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_	Distribution	Irving, TX 75061	<u> </u>	Fundament (Construction			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 11/11/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$20.00
	Principal occu	Irving, TX 75061 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Podiatrist			Self			
	Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$20.00	
		Irving, TX 75061					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_Bazan DPM, Demenico (Dr.) Contributor address; City; State; Zip Code Leander, TX 76502)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_Bazan DPM, Demenico (Dr.) Contributor address; City; State; Zip Code Leander, TX 76502				Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL (S	SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 2/22 Rpt: 19/54	
2	FILER NAME Texas Podia	tric Medical PAC				3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 12/27/2024	5 Full name of contributor Bazan DPM, Demenico (I6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Leander, TX 76502 pation / Job title (See Instructions		9	Employer (See Instructions	;) 		
٠	Podiatrist	pation / 300 title (300 matuctions	"	,	Self	"		
	Date 10/27/2024	Full name of contributor Biel DPM, Kristen (Dr.) Contributor address; City; S)		Amount of Contribution (\$)	\$50.00
	Delicalization	Houston, TX 77024	. 1		Foundation (October 1997)			
	Principal occupation / Job title (See Instructions) Podiatrist				Employer (See Instructions Self	5)		
	Date 10/27/2024	Full name of contributor Brancheau DPM, Steven Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
		Greenville, TX 75402						
	Principal occu Podiatrist	pation / Job title (See Instructions	s)		Employer (See Instructions self	5)		
	Date 10/29/2024	Full name of contributor Brancheau DPM, Steven Contributor address; City; S Greenville, TX 75402)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions	s)		Employer (See Instructions self	5)		
	Date 11/12/2024	Full name of contributor Brancheau DPM, Steven Contributor address; City; S Greenville, TX 75402					Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions	s)		Employer (See Instructions self	s)		

	MONET	ARY POLITICAL CO	IETARY POLITICAL CONTRIBUTIONS				
	The Instru	ction Guide explains how to	complete this form	1.	1	Total pages Schedule A1: Sch: 3/22 Rpt: 20/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 11/29/2024	Full name of contributorBrancheau DPM, Steven (Dr.Contributor address; City; State;	·)	7	Amount of Contribution (\$)	\$100.00
		Greenville, TX 75402	1-				
8	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self)		
	Date 12/12/2024	Full name of contributor Brancheau DPM, Steven (Dr. Contributor address; City; State;	·)		Amount of Contribution (\$)	\$100.00
	Dringing aggr	Greenville, TX 75402		Employer (See Instructions			
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self)		
	Date 12/24/2024	Full name of contributor Brancheau DPM, Steven (Dr. Contributor address; City; State;	·			Amount of Contribution (\$)	\$100.00
		Greenville, TX 75402					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self)		
	Date 12/29/2024	Full name of contributor Brancheau DPM, Steven (Dr. Contributor address; City; State; Greenville, TX 75402	·)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self)		
	Date 10/27/2024	Full name of contributor Brill DPM, Leon (Dr.) Contributor address; City; State; Dallas, TX 75231	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A				
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 4/22 Rpt: 21/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 11/14/2024	 Full name of contributor out-of-state PAC (ID#:_Brill DPM, Leon (Dr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$50.00
_	5	Dallas, TX 75231	1_	5 1 (0 1 1 1	_		
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 11/17/2024	Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$85.00	
	Principal occu	Albany, TX 76430 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	podiatrist			self			
	Date 12/17/2024)		Amount of Contribution (\$)	\$85.00
		Albany, TX 76430					
	Principal occu podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 10/27/2024	Full name of contributor out-of-state PAC (ID#:_Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code Austin, TX 78739)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code Austin, TX 78739)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUT	IS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 5/22 Rpt: 22/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	ı Filers)
4	Date 12/15/2024	 Full name of contributor out-of-state PAC (ID Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_		Austin, TX 78739	- 1-				
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00	
	Dringing age	Spring, TX 77389		Employer (Coo Instructions	<u></u>		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 11/24/2024	Full name of contributor out-of-state PAC (ID Butts DPM, Turner (Dr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
		Spring, TX 77389					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
Date Full name of contributor out-of-state PAC (ID#:_ 12/24/2024 Butts DPM, Turner (Dr.))		Amount of Contribution (\$)	\$10.00	
	Principal occu Podiatrist	Spring, TX 77389 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 10/27/2024	Full name of contributor out-of-state PAC (ID Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code Yoakum, TX 77995)#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 6/22 Rpt: 23/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 11/13/2024	 Full name of contributor out-of-state PAC (ID#:_Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Yoakum, TX 77995 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code Yoakum, TX 77995		Self		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date 12/24/2024	Full name of contributor out-of-state PAC (ID#:_ Cerniglia DPM, Matthew (Dr.) Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
	Principal occu	Azle, TX 76020 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Podiatrist			Self			
	Date 10/27/2024	Full name of contributor out-of-state PAC (ID#:_ Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	Abilene, TX 79606 pation / Job title (See Instructions)		Employer (See Instructions self	<u> </u> s)		
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_ Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code Abilene, TX 79606				Amount of Contribution (\$)	\$100.00
	Principal occu podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	s)		
			-				

	MONET	ARY POLITICAL CON	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 7/22 Rpt: 24/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 12/19/2024	Clawson DPM, Lacey (Dr.)	ıt-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Abilene, TX 79606					
8	podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 10/27/2024	Full name of contributor ou Fish DPM, Shay (Dr.) Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$20.00
	Deinsinal assu	San Antonio, TX 78229		Faralous (Coo lockwetis a			
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 11/11/2024				Amount of Contribution (\$)	\$20.00	
		San Antonio, TX 78229					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 12/11/2024	Full name of contributor ou Fish DPM, Shay (Dr.) Contributor address; City; State; Zi San Antonio, TX 78229				Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u>		
	Date 10/28/2024	Full name of contributor ou Gunther DPM, David (Dr.) Contributor address; City; State; Zi Houston, TX 77077	p Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	()		
			•				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	E A1		
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 8/22 Rpt: 25/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 11/23/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Podiatrist			Self			
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#:_ Gunther DPM, David (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Houston, TX 77077					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 10/27/2024	Full name of contributor out-of-state PAC (ID#:_ Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Katy, TX 77450					
	Principal occu podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 11/12/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Katy, TX 77450 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code Katy, TX 77450				Amount of Contribution (\$)	\$50.00
	Principal occu podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	Λ	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 9/22 Rpt: 26/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 10/28/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Hillsoboro, TX 76645 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Podiatrist			Self			
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Jenkins DPM, Suzanne (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Hillsoboro, TX 76645					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 12/22/2024	Full name of contributor				Amount of Contribution (\$)	\$25.00
		Hillsoboro, TX 76645					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 12/16/2024	Full name of contributor out-of-state PAC (ID#:_ John DPM, Shine (Dr.) Contributor address; City; State; Zip Code Austin, TX 78738)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson DPM, Matthew (Dr.) Contributor address; City; State; Zip Code Coppell, TX 75019				Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	IS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 10/22 Rpt: 27/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 11/23/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
0	Dringing occur	Coppell, TX 75019	0	Employer (See Instructions	<u> </u>		
8	Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	»)		
	Date 12/23/2024	Full name of contributor)		Amount of Contribution (\$)	\$50.00
		Coppell, TX 75019		5 1 (0 1 1 1	_		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	S)		
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_ Keh, Richard (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$200.00
		San Antonio, TX 78202-2800					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_Khavari DPM, Naghmeh Lilly (Dr.) Contributor address; City; State; Zip Code Plano, TX 75024)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 12/25/2024	Full name of contributor out-of-state PAC (ID#:_ Khavari DPM, Naghmeh Lilly (Dr.) Contributor address; City; State; Zip Code Plano, TX 75024				Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 11/22 Rpt: 28/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 10/27/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Sour Lake, TX 77659 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Podiatrist	,		Self	,		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_ LaGrone DPM, Frances (Dr.) Contributor address; City; State; Zip Code)	-	Amount of Contribution (\$)	\$25.00
		Sour Lake, TX 77659					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 12/22/2024	Full name of contributor out-of-state PAC (ID#:_ LaGrone DPM, Frances (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Sour Lake, TX 77659					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 10/27/2024	Full name of contributor out-of-state PAC (ID#:_LaMour, Jeffrey (Dr.) Contributor address; City; State; Zip Code Cedar Park, TX 78613)	•	Amount of Contribution (\$)	\$300.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_Langlois DPM, Michael (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78249)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 12/22 Rpt: 29/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 11/29/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	Deinsinal	San Antonio, TX 78249	•	Franksian (Cookarations			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 12/29/2024	Full name of contributor out-of-state PAC (ID#:_ Langlois DPM, Michael (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Podiatrist			Self			
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_ Law DPM, Rona (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76179					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/27/2024	Full name of contributor out-of-state PAC (ID#:_Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code Keller, TX 76244)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code Keller, TX 76244				Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 13/22 Rpt: 30/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 10/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Houston, TX 77090-2611 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Podiatrist Date 11/28/2024	Contributor address; City; State; Zip Code		Self		Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	Houston, TX 77090-2611 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> ;)		
	Date 12/28/2024	Full name of contributor out-of-state PAC (ID#:_ Margolis DPM, Scott (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77090-2611 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Podiatrist Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ McCreary DPM, Jon (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76107		Self		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID#:_ McCreary DPM, Jon (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76107				Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	IS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 14/22 Rpt: 31/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 12/28/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions)	9	Employer (See Instructions	(;)		
Ŭ	Podiatrist	pation / oob title (oce monactions)	•	Self	,,		
	Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:_Miller DPM, Jason C. (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Kingwood, TX 77339					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Moczygemba, Cory (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		New Braunfels, TX 78130					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Moczygemba, Cory (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78130)		Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Date 12/27/2024	Full name of contributor out-of-state PAC (ID#:_ Moczygemba, Cory (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78130)		Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	IS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 15/22 Rpt: 32/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission Filers) 00016210	
4	Date 12/19/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$1,000.00	
_	District	Fairview, TX 75069	_	Foundation (October to the street)			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ Nguyen DPM, Thanh (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$10.00	
	Principal occu	San Antonio, TX 78212 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Podiatrist	pation, cos tito (cos monastiono)		Self	,		
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID#:_ Nguyen DPM, Thanh (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$10.00	
		San Antonio, TX 78212					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 12/28/2024	Full name of contributor out-of-state PAC (ID#:_ Nguyen DPM, Thanh (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78212)		Amount of Contribution (\$) \$10.00	
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>(</u>		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75231)		Amount of Contribution (\$) \$10.00	
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL CONTRIBU	HON	15		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 16/22 Rpt: 33/54	
2	FILER NAME	tria Madical DAC			3	Filer ID (Ethics Commission	r Filers)
		tric Medical PAC				00016210	
4	Date 11/24/2024	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$10.00
		Dallas, TX 75231					
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	s) 		
	Date 12/24/2024	Full name of contributor out-of-state PAC Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$10.00
		Dallas, TX 75231					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/28/2024	Full name of contributor out-of-state PAC Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$25.00
		Kennedale, TX 76060					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 11/23/2024	Full name of contributor out-of-state PAC Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code Kennedale, TX 76060	(ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 12/23/2024	Full name of contributor out-of-state PAC Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code Kennedale, TX 76060	I (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/22 Rpt: 34/54	
2	FILER NAME Texas Podia	atric Medical PAC		3	Filer ID (Ethics Commission 00016210	ı Filers)
4	Date 10/28/2024	5 Full name of contributor out-of-state PAC (ID#:_ Pitts DPM, Megan (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
_	Discipal	Temple, TX 76502	D. Farriago (Gardanatian			
8	Principal occu Podiatrist	ipation / Job title (See Instructions)	9 Employer (See Instructions Self)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson DPM, Patrick (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing Logg	Temple, TX 76508	Employer (Co.) Instructions			
	Principal occu Podiatrist	ipation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson DPM, Patrick (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Temple, TX 76508				
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson DPM, Patrick (Dr.) Contributor address; City; State; Zip Code Temple, TX 76508			Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_Saucier DPM, Taylor (Dr.) Contributor address; City; State; Zip Code Houston, TX 77042			Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	pation / Job title (See Instructions)	Employer (See Instructions Self)		

Bell name of contributor address; City; State; Zip Code		MONEI	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULI	E A1
Texas Podiatric Medical PAC Source PAC (ID#] Out-of-state PAC (ID#] Tame of contribution (\$)		The Instruc	ction Guide explains how t	o complete this for	m.	1		
Date 11/24/2024 Saucier DPM, Taylor (Dr.) \$10.00	2					3		r Filers)
Succier DPM, Taylor (Dr.) 6 Contributor address; City; State; Zip Code Houston, TX 77042 Principal occupation / Job title (See instructions) Podiatrist Date 12/24/2024 Pfull name of contributor out-of-state PAC (ID# Amount of Contribution (\$) Self Date 12/24/2024 Principal occupation / Job title (See instructions) Podiatrist Date 12/22/2024 Principal occupation / Job title (See instructions) Podiatrist Date 12/22/2024 Pfull name of contributor out-of-state PAC (ID# Amount of Contribution (\$) Schwartz DPM, Rebecca (Dr.) Contributor address; City; State; Zip Code Houston, TX 77080 Principal occupation / Job title (See Instructions) Podiatrist Date 10/28/2024 Pfull name of contributor out-of-state PAC (ID# Amount of Contribution (\$) Self Date 10/28/2024 Pfull name of contributor out-of-state PAC (ID# Amount of Contribution (\$) Self Principal occupation / Job title (See Instructions) Podiatrist Date 11/23/2024 Pfull name of contributor out-of-state PAC (ID# Amount of Contribution (\$) Self Date 11/23/2024 Pfull name of contributor out-of-state PAC (ID# Amount of Contribution (\$) Self Date 11/23/2024 Principal occupation / Job title (See Instructions) Prodiatrist Date Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Self Date 11/23/2024 Pfull name of contributor out-of-state PAC (ID# Amount of Contribution (\$) Self Date 11/23/2024 Principal occupation / Job title (See Instructions) Prodiatrist Date 11/23/2024 Principal occupation / Job title (See Instructions) Princi		Texas Podia	tric Medical PAC				00016210	
B Principal occupation / Job title (See Instructions) Self	4		<u>-</u>	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	¢10.00
Houston, TX 77042		11/24/2024		a: Zin Code				\$10.00
Principal occupation / Job title (See Instructions)				e, zip coue				
Podiatrist Date Full name of contributor out-of-state PAC (IDI): Amount of Contribution (\$)	_	5	· ·		-	Ĺ		
Saucier DPM, Taylor (Dr.) \$10.00	8		pation / Job title (See Instructions)	9		5)		
Saucier DPM, Taylor (Dr.) \$10.00		Date	Full name of contributor	7 out-of-state BAC (ID#:	,		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Houston, TX 77042				out-of-state 1 AC (ID#			randant of Contribution (4)	\$10.00
Houston, TX 77042				e: Zip Code				
Principal occupation / Job title (See Instructions) Podiatrist Date			,	., ,				
Principal occupation / Job title (See Instructions) Podiatrist Date			Houston TX 77042					
Podiatrist Date Full name of contributor out-of-state PAC (ID#:		Principal occu			Employer (See Instructions	<u> </u> ;)		
12/22/2024 Schwartz DPM, Rebecca (Dr.) \$25.00 Contributor address; City; State; Zip Code Houston, TX 77080 Principal occupation / Job title (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$26.00 Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Self Date Harlingen occupation / Job title (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$26.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$26.00 Contributor occupation / Job title (See Instructions) Self Date Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Podiatrist Shibuya DPM, Nachiro (Dr.) \$26.00 Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions)			,			,		
Contributor address; City; State; Zip Code Houston, TX 77080 Principal occupation / Job title (See Instructions) Podiatrist Date 10/28/2024 Shibuya DPM, Nachiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Podiatrist Date Harlingen occupation / Job title (See Instructions) Podiatrist Date 11/23/2024 Shibuya DPM, Nachiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Amount of Contribution (\$) \$26.00 Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Houston, TX 77080 Principal occupation / Job title (See Instructions) Podiatrist Date 10/28/2024 Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions) \$26.00 Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Podiatrist Date 11/23/2024 Full name of contributor out-of-state PAC (ID#:) Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$26.00 Employer (See Instructions) Self Employer (See Instructions) Self Employer (See Instructions)		12/22/2024	Schwartz DPM, Rebecca (D	or.)				\$25.00
Principal occupation / Job title (See Instructions) Podiatrist Date 10/28/2024 Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions) Self Employer (See Instructions) Self Amount of Contribution (\$) \$26.00 **Principal occupation / Job title (See Instructions) Podiatrist Self Date 11/23/2024 Full name of contributor out-of-state PAC (ID#:) Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)			Contributor address; City; State	e; Zip Code				
Principal occupation / Job title (See Instructions) Podiatrist Date 10/28/2024 Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions) Self Employer (See Instructions) Self Amount of Contribution (\$) \$26.00 **Principal occupation / Job title (See Instructions) Podiatrist Self Date 11/23/2024 Full name of contributor out-of-state PAC (ID#:) Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)								
Podiatrist Date Date 10/28/2024 Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Podiatrist Date 11/23/2024 Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Full name of contributor out-of-state PAC (ID#:			Houston, TX 77080					
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/28/2024 Shibuya DPM, Naohiro (Dr.) \$26.00 Contributor address; City; State; Zip Code		Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
10/28/2024 Shibuya DPM, Naohiro (Dr.) \$26.00 Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2024 Shibuya DPM, Naohiro (Dr.) \$26.00 Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Podiatrist			Self			
Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Podiatrist Date 11/23/2024 Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$26.00		Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Podiatrist Date Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$26.00		10/28/2024	Shibuya DPM, Naohiro (Dr.))				\$26.00
Principal occupation / Job title (See Instructions) Podiatrist Date 11/23/2024 Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Amount of Contribution (\$) \$26.00 \$26.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State	e; Zip Code				
Principal occupation / Job title (See Instructions) Podiatrist Date 11/23/2024 Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Amount of Contribution (\$) \$26.00 \$26.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)								
Principal occupation / Job title (See Instructions) Podiatrist Date 11/23/2024 Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Amount of Contribution (\$) \$26.00 \$26.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Harlingen, TX 78550					
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/23/2024 Shibuya DPM, Naohiro (Dr.) \$26.00 Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Principal occu			Employer (See Instructions	<u> </u>		
11/23/2024 Shibuya DPM, Naohiro (Dr.) \$26.00 Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Podiatrist			Self			
Contributor address; City; State; Zip Code Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Harlingen, TX 78550 Principal occupation / Job title (See Instructions) Employer (See Instructions)		11/23/2024	Shibuya DPM, Naohiro (Dr.))				\$26.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State	e; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)								
			Harlingen, TX 78550					
Podiatrist Self		Principal occu			Employer (See Instructions	<u>. </u>		
•		Podiatrist			Self			
	_			<u> </u>				

	MONET	ARY POLITICAL CONT	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to cor	mplete this forr	n.	1	Total pages Schedule A1: Sch: 19/22 Rpt: 36/54	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 12/23/2024	Shibuya DPM, Naohiro (Dr.)	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$26.00
8	Principal occu	Harlingen, TX 78550 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	Podiatrist	pation / 300 title (See matructions)		Self	')		
	Date 12/20/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$184.00
		Sachse, TX 75048					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 10/28/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Conroe, TX 77304					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	i)		
	Date 11/23/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 12/23/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	·)		
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	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 20/22 Rpt: 37/54			
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 10/28/2024 5 Full name of contributor out-of-state PAC (ID#:) Treleven DPM, Kristen (Dr.) 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	Van Alstyne, TX 75495 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Podiatrist			Self			
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_ Treleven DPM, Kristen (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Van Alstyne, TX 75495					
Principal occupation / Job title (See Instructions) Employer (See Instructions Podiatrist Self		s)					
Date Full name of contributor out-of-state PAC (ID#: 12/23/2024 Treleven DPM, Kristen (Dr.) Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$25.00	
		Van Alstyne, TX 75495					
Principal occupation / Job title (See Instructions) Emplo Podiatrist Self		Employer (See Instructions Self	s)				
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00		
Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions) Self		Employer (See Instructions	<u>(</u> 5)				
	Date 11/29/2024 Full name of contributor out-of-state PAC (ID#:) Ward DPM, Josh (Dr.) Contributor address; City; State; Zip Code Davie, FL 33312			Amount of Contribution (\$)	\$20.00		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 21/22 Rpt: 38/54			
2	FILER NAME Texas Podia	ric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 12/29/2024 5 Full name of contributor out-of-state PAC (ID#:) Ward DPM, Josh (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.00		
_	5	Davie, FL 33312					
8	Principal occuj Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self			
	Date 10/28/2024	Full name of contributor our our wilks DPM, Alton (Dr.) Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$25.00
	Dringing aggr	DeSota, TX 75115		Employer (See Instructions	_		
Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instructions Self		•)					
Date Full name of contributor out-of-state PAC (ID#: 11/23/2024 Wilks DPM, Alton (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00	
		DeSota, TX 75115					
Principal occupation / Job title (See Instructions) Employee Podiatrist Self		Employer (See Instructions Self	5)				
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00		
Principal occupation / Job title (See Instructions) Podiatrist Employer (See Instruction Self		5)					
	Date Full name of contributor out-of-state PAC (ID#:) Wisdom DPM, Jill (Dr.) Contributor address; City; State; Zip Code Plano, TX 75024			Amount of Contribution (\$)	\$25.00		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	<u> </u>		
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ARY POLITICAL CONTRIBUTIO	SCHEDULE A1	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/22 Rpt: 39/54
atric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 11/23/2024 5 Full name of contributor out-of-state PAC (ID#:) Wisdom DPM, Jill (Dr.) 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$25.00
Plano, TX 75024		
ıpation / Job title (See Instructions)	9 Employer (See Instructions self	s)
Date Full name of contributor out-of-state PAC (ID#:) 12/23/2024 Wisdom DPM, Jill (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$25.00
Plano, TX 75024		
ipation / Job title (See Instructions)	Employer (See Instructions self	5)
	tric Medical PAC 5 Full name of contributor out-of-state PAC (ID#:_ Wisdom DPM, Jill (Dr.) 6 Contributor address; City; State; Zip Code Plano, TX 75024 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Wisdom DPM, Jill (Dr.) Contributor address; City; State; Zip Code	tric Medical PAC 5 Full name of contributor

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 1/15 Rpt: 40/54	Texas Podiatric Medical PAC 00016210			
4 Date	5 Payee name			
12/03/2024	Abbott, Greg (The Honorable)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,500.00	504 Lavaca St.			
Expenditure from corporate funds	Austin, TX 78701			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
_/	Candidate/Officeholder/Political Committee			
	Political Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
12/03/2024	Birdwell, Brian (Sen.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,500.00	P. O. Box 1111			
Ψ1,000.00	1. O. BOX 1111			
Expenditure from corporate funds	Granbury, TX 76048			
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			
	Political Contribution			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
11/12/2024	Blanco, Cesar Jose (Sen.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	PO Box 27074			
Expenditure from corporate funds	El Paso, TX 79926			
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			
	Political Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: Sch: 2/15 Rpt: 41/54 Texas Podiatric Medical PAC	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
Sch: 2/15 Rpt: 41/54 Date	14 Total marca Cabadula E1.	,			
4 Date 12/03/2024 5 Payee name Burrows, Dustin (Rep.) 6 Amount (S) \$1,000.00 PO Box 2569	1 0				
12/03/2024 Burrows, Dustin (Rep.)	Scn: 2/15 Rpt: 41/54	L			
Purpose	4 Date				
\$1,000.00 PO Box 2569 Lubbock, TX 79408	12/03/2024	Burrows, Dustin (Rep.)			
Expenditure from corporate funds	6 Amount (\$)	7 Payee address; City; State; Zip Code			
B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Candidate/Officeholder name Office sought Officeholder living expense Political Contribution 9 Complete ONLY if direct expenditure to benefit C/OH Date 12/03/2024 Canales, Terry (Rep.) Amount (\$) Payee andress; City; State; Zip Code St,000.00 310 S Closner Blvd. Expenditure from corporate funds Edinburg, TX 78539 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contribution Office holder living expense Political Contribution Date 1/18/2024 Candidate/Officeholder name Office sought Office holder living expense Political Contribution Office holder/Political Committee Officeholder living expense Political Contribution Office holder/Political Committee Officeholder living expense Political Contribution Officeholder living expense Political Contribution Office holder/Political Contribution Officeholder living expense Political Cont	\$1,000.00	PO Box 2569			
B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Candidate/Officeholder name Office sought Officeholder living expense Political Contribution 9 Complete ONLY if direct expenditure to benefit C/OH Date 12/03/2024 Canales, Terry (Rep.) Amount (\$) Payee andress; City; State; Zip Code St,000.00 310 S Closner Blvd. Expenditure from corporate funds Edinburg, TX 78539 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contribution Office holder living expense Political Contribution Date 1/18/2024 Candidate/Officeholder name Office sought Office holder living expense Political Contribution Office holder/Political Committee Officeholder living expense Political Contribution Office holder/Political Committee Officeholder living expense Political Contribution Officeholder living expense Political Contribution Office holder/Political Contribution Officeholder living expense Political Cont					
B PURPOSE OF EXPENDITURE		Lubbock, TX 79408			
Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution	·	1			
### Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee					
9 Complete QNLY if direct expenditure to benefit C/OH Date	EXPENDITURE	Contributions/Donations Wade By			
Date 12/03/2024					
Date 12/03/2024					
Date 12/03/2024	9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
12/03/2024 Canales, Terry (Rep.)	expenditure to benefit C/OI	4			
12/03/2024 Canales, Terry (Rep.)	Date	Dayaa nama			
Amount (\$)					
\$1,000.00 310 S Closner Blvd. Expenditure from corporate funds Edinburg, TX 78539 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Date 11/18/2024 Collier, Nicole (Rep.) Payee name Collier, Nicole (Rep.) Amount (\$) Payee address; City; State; Zip Code 101 S Jennings Av #103C Expenditure from corporate funds PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contribution (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. (b) Description Check if travel outside of Texas. Complete Schedule T. (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Description Check if travel outside of Texas. Complete Schedule T. (c) Description Check if travel outside of Texas. Complete Schedule T.					
Edinburg, TX 78539 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Date Payee name Collier, Nicole (Rep.) Amount (\$) Payee address; City; State; Zip Code \$500.00	` '				
PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Date 11/18/2024 Collier, Nicole (Rep.) Amount (\$) Payee address; City; State; Zip Code \$500.00 101 S Jennings Av #103C Expenditure from corporate funds PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete	\$1,000.00	310 S Closner Blvd.			
PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Date 11/18/2024 Collier, Nicole (Rep.) Amount (\$) Payee address; City; State; Zip Code \$500.00 101 S Jennings Av #103C Expenditure from corporate funds PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete	Expenditure from				
Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Date 11/18/2024 Amount (\$) Payee address; City; State; Zip Code 101 S Jennings Av #103C Expenditure from corporate funds PURPOSE OF OF Contributions/Donations Made By Candidate/Officeholder Insuration and Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Contribution Contributions/Donations Made By		Edinburg, TX 78539			
Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Office held Payee name Collier, Nicole (Rep.) Amount (\$) Payee address; City; State; Zip Code \$500.00 Port Worth, TX 76104 PURPOSE OF OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
Candidate/Officeholder/Political Committee Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date 11/18/2024 Collier, Nicole (Rep.) Amount (\$) Payee address; City; State; Zip Code \$500.00 Port Worth, TX 76104 PURPOSE OF Contributions/Donations Made By Candidate/Officeholder name Office sought Office held Office h	_				
Complete ONLY if direct expenditure to benefit C/OH Date 11/18/2024 Amount (\$) Payee address; City; State; Zip Code 101 S Jennings Av #103C Purpose OF EXPENDITIBE Candidate/Officeholder name Office sought Office held	EXPENDITORE	Cartaldato, Chicon Continued			
Date 11/18/2024 Payee name Collier, Nicole (Rep.) Amount (\$) Payee address; City; State; Zip Code \$500.00 Payee address; City; State; Zip Code \$500.00 Fort Worth, TX 76104 PURPOSE OF COntributions/Donations Made By (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		Political Contribution			
Date 11/18/2024 Payee name Collier, Nicole (Rep.) Amount (\$) Payee address; City; State; Zip Code \$500.00 Payee address; City; State; Zip Code \$500.00 Fort Worth, TX 76104 PURPOSE OF COntributions/Donations Made By (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
Date 11/18/2024	·				
Amount (\$) Payee address; City; State; Zip Code \$500.00 101 S Jennings Av #103C Expenditure from corporate funds PURPOSE OF Contributions/Donations Made By (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	expenditure to benefit C/OH				
Amount (\$) Payee address; City; State; Zip Code \$500.00 101 S Jennings Av #103C Expenditure from corporate funds Fort Worth, TX 76104 PURPOSE OF Contributions/Donations Made By (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	Date	Payee name			
\$500.00 101 S Jennings Av #103C Expenditure from corporate funds Fort Worth, TX 76104 PURPOSE OF Contributions/Donations Made By (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	11/18/2024	Collier, Nicole (Rep.)			
\$500.00 101 S Jennings Av #103C Expenditure from corporate funds Fort Worth, TX 76104 PURPOSE OF Contributions/Donations Made By (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	Amount (\$)	Pavee address: City: State: Zip Code			
Expenditure from corporate funds PURPOSE OF Contributions/Donations Made By Fort Worth, TX 76104 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	` '				
PURPOSE OF Contributions/Donations Made By Fort Worth, TX 76104 (a) Category (See Categories listed at the top of this schedule) Contributions (Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	φοσο.σσ				
PURPOSE OF Contributions/Donations Made By (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.		Fort Worth, TV 76104			
OF EXPENDITURE Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	corporate funds				
EXPENDITURE Contributions/Donations Made By					
		Continuations Made by			
Candidate/Officenoider/Political Committee Cineck if Austria, 175, officenoider inving expense Political Contribution		Carlandato/ Ciniconolido// Cinicon			
1 ondour contribution		1 Shadar Softanbadon			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
orodit odra i dymoni	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/15 Rpt: 42/54	Texas Podiatric Medical PAC 00016210			
4 Date	5 Payee name			
12/03/2024	Cook, David (Rep.)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$500.00	309 E Broad St.			
Expenditure from corporate funds	Mansfield, TX 76063			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Political Contribution			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
11/14/2024	Creighton, Brandon (Sen.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,500.00	2257 N. Loop 336			
	Suite 140-366			
Expenditure from corporate funds	Conroe, TX 77304			
PURPOSE				
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense			
	Political Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			
Date	Davisa nama			
12/03/2024	Payee name Flores, Pete			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,500.00	1005 Congress Ave., Ste. 580			
Expenditure from				
corporate funds	Austin, TX 78701			
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			
	Political Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:				
Sch: 4/15 Rpt: 43/54	Texas Podiatric Medical PAC 00016210			
4 Date	5 Payee name			
12/03/2024	Frank, James (Rep.)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	3808 B Kemp Blvd #321			
Expenditure from corporate funds	Wichita Falls, TX 76308			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Political Contribution			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	1			
Date	Payee name			
11/18/2024	Gamez, Erin (Rep.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	777 E Harrison St.			
Ψ000.00	THE Harison of			
Expenditure from	Durange illa TV 70500			
corporate funds	Brownsville, TX 78520			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Candidate/Officeholder/Political Committee			
	Total Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
<u> </u>				
Date	Payee name			
12/03/2024	Gonzalez, Mary (Rep.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	PO Box 450			
Expenditure from				
corporate funds	Clint, TX 79836			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
EXPENDITORE	Candidate/Officeholder/Political Committee			
	Political Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experialitie to perient e/or i				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	,		
1 Total pages Schedule F1: Sch: 5/15 Rpt: 44/54	Texas Podiatric Medical PAC 00016210		
4 Date	5 Payee name		
11/26/2024	Guerra, Bobby (Rep.)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	102013 N. 10th St.		
Expenditure from corporate funds	McAllen, TX 78504		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
-	Candidate/Officeholder/Political Committee		
	Political Contribution		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
12/03/2024	Guillen, Ryan (Rep.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	5346 E US Hwy 83 Building A, Suite 5-A		
Expenditure from corporate funds	Rio Grande City, TX 78582		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
	Political Contribution		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/03/2024	Hall, Bob (Sen.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	P.O. Box 513		
Expenditure from corporate funds	Canton, TX 75103		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
D. LIBITORE	Candidate/Officeholder/Political Committee		
	Political Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total marian Cabadida F1.	2 Files ID (Files Commission Files)			
1 Total pages Schedule F1: Sch: 6/15 Rpt: 45/54	2 FILER NAME Texas Podiatric Medical PAC 3 Filer ID (Ethics Commission Filers) 00016210			
4 Date	5 Payee name			
11/18/2024	Hancock, Kelly (Sen.)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,500.00	P.O. Box 821349			
Expenditure from	N. Diables dulille. TV 70400			
corporate funds	N. Richland Hills, TX 76182			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EVENDITUE	Contributions/Donations Made By			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Political Contribution			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
11/18/2024	Hefner, Cole (Rep.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	PO Box 167			
Expenditure from corporate funds	Mount Pleasant, TX 75456			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXPENDITORE	Candidate/Officeholder/Political Committee			
	Political Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				
Date	Payee name			
12/04/2024	Hinojosa, Adam (Sen.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P.O. Box 18301			
Expenditure from corporate funds	Corpus Christi, TX 78480			
	I ma			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By			
-	Candidate/Officeholder/Political Committee			
	Political Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 7/15 Rpt: 46/54	Texas Podiatric Medical PAC 00016210
4 Date	5 Payee name
11/26/2024	Hinojosa, Juan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	1508 S. Lone Star Way
	Suite 5B
Expenditure from corporate funds	Edinburg, TX 78539
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
	Political Contribution
O Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Hinojosa, Juan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1508 S. Lone Star Way
	Suite 5B
Expenditure from corporate funds	Edinburg, TX 78539
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Political Contribution
	Totaloga Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/14/2024	Huffman, Joan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3733 - 1 Westheimer Rd., Box 40
Expenditure from corporate funds	Houston, TX 77027
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 8/15 Rpt: 47/54	Texas Podiatric Medical PAC 00016210				
4 Date	5 Payee name				
11/14/2024	Hughes, Bryan (Sen.)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,500.00	P. O. Box 450				
Expenditure from corporate funds	Mineola, TX 75773				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	1 ontical contribution				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
Date	Payee name				
11/26/2024	Hunter, Todd (Rep.)				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	445 Cape Henry Drive				
— F					
Expenditure from corporate funds	Corpus Chrisit, TX 75412				
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				
	Political Contributions				
2 1 2 2 1 1 2 1					
expenditure to benefit C/OI	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
'					
Date	Payee name				
11/18/2024	Johnson, Ann (Rep.)				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	PO Box 56386				
Expenditure from corporate funds	Houston, TX 77256				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
EXPENDITORE	Candidate/Officeholder/Political Committee				
	Political Contribution				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
oxponiations to some or or i					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/15 Rpt: 48/54	Texas Podiatric Medical PAC 00016210
4 Date	5 Payee name
12/03/2024	Jones, Venton (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1075 Griffin Street West
	Suite 212
Expenditure from corporate funds	Dallas, TX 75215
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitire to beliefit C/O	'
Date	Payee name
11/18/2024	Kolkhorst, Lois (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 2546
Evponditure from	
Expenditure from corporate funds	Brenham, TX 77834
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/03/2024	Longoria, Oscar (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 4224
Evponditure from	
Expenditure from corporate funds	Mission, TX 78572
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/15 Rpt: 49/54	Texas Podiatric Medical PAC 00016210
4 Date	5 Payee name
11/26/2024	Lozano, Jose (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	727 Arroyo Dr.
Expenditure from corporate funds	Kingsville, TX 78363
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry
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
	Political Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Programme
	Payee name
11/18/2024	Menendez, Jose (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 100833
Expenditure from	
corporate funds	San Antonio, TX 75456
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/03/2024	Miles, Borris (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5302 Almeda Rd., Ste. A
\$2,000.00	Social Milliouse Man, Storing
Expenditure from	H TV 77004
corporate funds	Houston, TX 77004
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution
	1 onded Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
1 Total pages Schedule F1: Sch: 11/15 Rpt: 50/54	Texas Podiatric Medical PAC 00016210
4 Date	5 Payee name
11/18/2024	Moody, Joe (Rep.)
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 920827
Ψ000.00	1 0 Box 323021
Expenditure from corporate funds	El Paso, TX 79902
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Continuution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/03/2024	Morales, Eddie (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	352 Hillcrest Blvd.
Expenditure from	
corporate funds	Eagle Pass, TX 78852
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/03/2024	Munoz Jr., Sergio (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1110 S. Closner Blvd.
Expenditure from	
corporate funds	Edinburg, TX 78539
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	. 3
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/15 Rpt: 51/54	Texas Podiatric Medical PAC 00016210
4 Date	5 Payee name
12/03/2024	Parker, Tan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 271741
Expenditure from	
corporate funds	Flowermound, TX 75027
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
	Candidate/Officeholder/Political Committee
	Totalogi Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/14/2024	Patrick, Dan (The Honorable)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P. O. Box 685085
ΨΖ,300.00	P. O. BOX 003003
Expenditure from corporate funds	Austin, TX 78768
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Political Contribution
	1 Onucai Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/11/2024	Perry, Charles (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 94806
Expenditure from	
corporate funds	Luccock, TX 79493
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
	Folitical Contribution
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

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: 13/15 Rpt: 52/54	Texas Podiatric Medical PAC 00016210
4 Date	5 Payee name
12/03/2024	Phelan, Dade (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P O Box 848
Expenditure from corporate funds	Nederland, TX 77627
	,
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/11/2024	Rose, Toni (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 41867
Expenditure from corporate funds	Dallas, TX 75241
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	'
Date	Payee name
11/14/2024	Schwertner M.D., Charles (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P. O. Box 2448
Expenditure from corporate funds	Georgetown, TX 78627
PURPOSE	
OF	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Political Contribution
	Totalog Continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/OI	<u> </u>

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schodule F1:	· · · · · · · · · · · · · · · · · · ·
Total pages Schedule F1: Sch: 14/15 Rpt: 53/54	Texas Podiatric Medical PAC 00016210
4 Date	5 Payee name
12/03/2024	Sparks, Kevin (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	2600 Mockingbird Ln.,
Expenditure from corporate funds	Midland, TX 79705
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
	Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	
Date	Payee name
12/03/2024	Tepper, Carl (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 94534
Expenditure from corporate funds	Lubbock, TX 79493
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense Political Contribution
	- Sillista Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Ÿ
Date	Payee name
11/26/2024	Turner, Chris (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 182093
Expenditure from corporate funds	Arlington, TX 76096
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
	Folitical Continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
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: 15/15 Rpt: 54/54	Texas Podiatric Medical PAC 00016210
4 Date	5 Payee name
11/18/2024	Walle, Armando (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	4826 Hollybrook Lane
Expenditure from	Houston, TX 77039
corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	Zaffirini, Judith (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,000.00	P. O. Box 627
Expenditure from	
corporate funds	Laredo, TX 78042
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
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•