

**MONTHLY FILING GENERAL-PURPOSE  
COMMITTEE CAMPAIGN FINANCE REPORT**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015622	2 Total pages filed: 64	
3 COMMITTEE NAME Texas Optometric PAC		<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 03/05/2025  Date Hand-delivered or Date Postmarked  Receipt #                      Amount  Date Processed  Date Imaged		
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP 3011 N. Lamar Ste 300 Austin, TX 78705			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Ms.                      Brenda J.			
	NICKNAME                      LAST                      SUFFIX BJ                      Avery			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 3011 N. Lamar Ste 300 Austin, TX 78705			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX;                      APT / SUITE #;    CITY;    STATE;    ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (512) 707-2020			
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input checked="" type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5			
11 PERIOD COVERED	Month    Day    Year 01/26/2025		THROUGH	Month    Day    Year 02/25/2025

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,220.60
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 270,859.67
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - MPAC

<b>17</b> COMMITTEE NAME Texas Optometric PAC		<b>18</b> Filer ID (Ethics Commission Filers) 00015622
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 30,220.60
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 12,244.46
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/59 Rpt: 4/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 02/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Acosta O.D., Celeste	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Helotes, TX 78023	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander O.D., Lindsey	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Sunnyvale, TX 75182	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ali O.D., Mohsan	Amount of Contribution (\$) \$20.20
	Contributor address; City; State; Zip Code  Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen O.D., Mark	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Atlanta, TX 75551	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allison O.D., Joseph	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Bryan, TX 77802	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/59 Rpt: 5/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Altig O.D., William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarado O.D., Ismael <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amador O.D., Nancy <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amin O.D., Opal <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amir O.D., Nancy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/59 Rpt: 6/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 02/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson O.D., Vanessa	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  Amarillo, TX 79109	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Annunziato O.D., Tom	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76008	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arora O.D., Rajan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75227	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arya O.D., Dimple	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker O.D., Catherine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Conroe, TX 77301	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/59 Rpt: 7/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barajas O.D., Juan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barajas O.D., Juan <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barber O.D., Matt <hr/> Contributor address; City; State; Zip Code  Ft. Worth, TX 76116-5525	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes O.D., Sophia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barraza O.D., Jessica <hr/> Contributor address; City; State; Zip Code  Killeen, TX 76542	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/59 Rpt: 8/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera O.D., Enedelia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pharr, TX 78577	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bashover O.D., Matthew <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76011	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bate O.D., Joy <hr/> Contributor address; City; State; Zip Code  Haslet, TX 76052	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernay O.D., Deborah <hr/> Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bhaga O.D., Sheetal <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75036	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/59 Rpt: 9/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bock O.D., Matthew <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77063	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brending O.D., Gabrielle <hr/> Contributor address; City; State; Zip Code  Seabrook, TX 77586	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brinegar O.D., Vaughn <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brochetti O.D., Brenda <hr/> Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown O.D., Corwin <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76003	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/59 Rpt: 10/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brownlee O.D., Chris <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bui O.D., Thoai <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75007	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bullard O.D., Heath <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burket O.D., Caitlin <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552	Amount of Contribution (\$)  \$5.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler O.D., W <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/59 Rpt: 11/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell O.D., Megan	<b>7</b> Amount of Contribution (\$) \$26.00
<b>6</b> Contributor address; City; State; Zip Code  Celina, TX 75009		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cargo O.D., Jon	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Irving, TX 75063		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castleberry O.D., Kim	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code  Plano, TX 75024		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Catuncan O.D., Jennifer	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Bedford, TX 76022		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Celico O.D., Brian	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Dallas, TX 75231		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/59 Rpt: 12/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cerda O.D., Juan <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chang O.D., Sarah <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$52.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chen O.D., Alexander <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cherry O.D., Brian <hr/> Contributor address; City; State; Zip Code  Ft Worth, TX 76137	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheyne O.D., Chris <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76049	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/59 Rpt: 13/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cheyne O.D., Chris	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  Granbury, TX 76049		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chu O.D., Victoria	Amount of Contribution (\$) \$52.00
Contributor address; City; State; Zip Code  Austin, TX 78745		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cobb O.D., James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Amarillo, TX 79107		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coble O.D., John	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Greenville, TX 75401		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colston O.D., Ben	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/59 Rpt: 14/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conley O.D., Alex <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76131	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conzor O.D., Bob <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75252	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Contaldi O.D., Mario <hr/> Contributor address; City; State; Zip Code  N. Richland Hills, TX 76180	Amount of Contribution (\$)  \$104.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conte O.D., Michael <hr/> Contributor address; City; State; Zip Code  Lake Worth, TX 76135	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooke O.D., Kyle <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/59 Rpt: 15/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cowan O.D., Steve <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cox O.D., Adam <hr/> Contributor address; City; State; Zip Code  Atlanta, TX 75551	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Culbertson O.D., Wayne <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dabney O.D., Brandon <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dang O.D., Thuyhong <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/59 Rpt: 16/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dao O.D., Mavis <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David O.D., Ashley <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76904	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis O.D., Mark <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dawn O.D., Rakich <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78215	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Jr O.D., Bob <hr/> Contributor address; City; State; Zip Code  Garland, TX 75041	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/59 Rpt: 17/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLoach O.D., Joe <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeMaggio O.D., Julie <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeShaw O.D., Jonathan <hr/> Contributor address; City; State; Zip Code  Garland, TX 75042	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deakins O.D., Jennifer <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76135	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delay O.D., Richard <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78015	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/59 Rpt: 18/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Delk O.D., Kyle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Port Neches, TX 77651	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennis O.D., Keith <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Diaz O.D., Yvonne <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78541	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dinh O.D., David <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dolce O.D., Jackson <hr/> Contributor address; City; State; Zip Code  Port Neches, TX 77651	Amount of Contribution (\$)  \$5.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/59 Rpt: 19/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunnigan O.D., Shawn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lumberton, TX 77657	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duong O.D., Nghiem <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis O.D., John <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ermis O.D., Keith <hr/> Contributor address; City; State; Zip Code  Wharton, TX 77488	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eylar O.D., Crystal <hr/> Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/59 Rpt: 20/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ezzell O.D., Steven <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79601	<b>7</b> Amount of Contribution (\$)  \$52.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fandry O.D., Ellen <hr/> Contributor address; City; State; Zip Code  seabrook, TX 77586	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Feeser O.D., Michael <hr/> Contributor address; City; State; Zip Code  Huntingtown, MD 20639	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleitman O.D., Cynthia <hr/> Contributor address; City; State; Zip Code  Gainesville, TX 76240	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores O.D., Amador <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/59 Rpt: 21/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fortenberry O.D., Sandra	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78023	
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gamini O.D., Safi	Amount of Contribution (\$)  \$20.20
	Contributor address; City; State; Zip Code  Plano, TX 75093	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia Holle O.D., Laura	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia O.D., Claudia	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77081	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza O.D., Janet	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Houston, TX 77064	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/59 Rpt: 22/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gee O.D., Kevin	<b>7</b> Amount of Contribution (\$) \$400.00
<b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gibson O.D., David	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code  Lubbock, TX 79423		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graham Hayter O.D., Paul	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Irving, TX 75063		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray O.D., David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Midland, TX 79705		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray O.D., Jeannie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Midland, TX 79705		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/59 Rpt: 23/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greeman III O.D., Nelson <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greeman O.D., Kevin <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green O.D., Leigh <hr/> Contributor address; City; State; Zip Code  Woodway, TX 76712	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene O.D., Matthew <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenstein O.D., Karena <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75216	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/59 Rpt: 24/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall O.D., Jamie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wills Point, TX 75169	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammond O.D., Deanna <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hammond O.D., Eric <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson O.D., Mark <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper O.D., Beth <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/59 Rpt: 25/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper O.D., Ellener <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76131	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hart O.D., Peggy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harvey O.D., Cameo <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawari O.D., Andy <hr/> Contributor address; City; State; Zip Code  Mineola, TX 75773	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hawkins O.D., Heidi <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/59 Rpt: 26/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heeg O.D., Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hejny O.D., Whitney <hr/> Contributor address; City; State; Zip Code  Miles, TX 76861	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Helbert-Green O.D., Carolyn <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henry O.D., Amy <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoang O.D., Bao <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/59 Rpt: 27/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoang O.D., Kathy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hull O.D., Henry <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutchins O.D., Jaclyn <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78257	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huynh O.D., Hieu <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johle O.D., Sarah <hr/> Contributor address; City; State; Zip Code  Hutto, TX 78634	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/59 Rpt: 28/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson O.D., Murray	<b>7</b> Amount of Contribution (\$) \$400.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75287		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jolivette O.D., Nia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  San Antonio, TX 78229		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones O.D., Jeffrey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Longview, TX 75605		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jordan O.D., Emily	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78746		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karanges O.D., Gayle	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76005		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/59 Rpt: 29/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelly O.D., Shawn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kemp O.D., Robert <hr/> Contributor address; City; State; Zip Code  Houston, TX 77015-2310	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knight O.D., Millicent <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kocian O.D., Larry <hr/> Contributor address; City; State; Zip Code  Harker Heights, TX 76548	Amount of Contribution (\$)  \$104.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kodukula O.D., Dipa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/59 Rpt: 30/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuder O.D., Bryan	<b>7</b> Amount of Contribution (\$)  \$20.20
<b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75007		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuykendall O.D., Traci	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Cleburne, TX 76033		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lagunas O.D., Claudio	Amount of Contribution (\$)  \$400.00
Contributor address; City; State; Zip Code  The Woodlands, TX 77382		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lam O.D., Sean	Amount of Contribution (\$)  \$20.20
Contributor address; City; State; Zip Code  Houston, TX 77075		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lambert O.D., Sawyer	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Houston, TX 77008		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/59 Rpt: 31/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Larry O.D., Gunnell	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le O.D., Anne	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Houston, TX 77072		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le O.D., Hoan	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Spring, TX 76135		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le O.D., Kevin	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Houston, TX 77054		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le O.D., Lisa	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/59 Rpt: 32/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linh O.D., Linh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lou O.D., Oliver <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lucas O.D., Thomas <hr/> Contributor address; City; State; Zip Code  Harker Heights, TX 76548	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mai O.D., Kelly <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maldonado O.D., Michael <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/59 Rpt: 33/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maldonado O.D., Nicole	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maredia O.D., Nazia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  San Antonio, TX 78504		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin O.D., Joe	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Cleburne, TX 76033		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin O.D., Michal	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78735		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez O.D., Michelle	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Ft. Worth, TX 76244		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 31/59 Rpt: 34/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 02/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters O.D., Trishna	7 Amount of Contribution (\$) \$20.20
	6 Contributor address; City; State; Zip Code  Arlington, TX 76006	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty O.D., Dennis	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClain O.D., Christos	Amount of Contribution (\$) \$20.20
	Contributor address; City; State; Zip Code  College Station, TX 77845	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormick O.D., Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78759	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCown O.D., Joshua	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Gatesville, TX 76528	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 32/59 Rpt: 35/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 02/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDaniel O.D., Stephen	7 Amount of Contribution (\$) \$104.00
	6 Contributor address; City; State; Zip Code  DallaS, TX 75208	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGowan O.D., Joseph	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78748-1051	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPherson O.D., Kimberly	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  North Richland Hills, TX 76180	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Means O.D., Stephen	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code  Huntsville, TX 77340	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery O.D., Brandi	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/59 Rpt: 36/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moon O.D., Debra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore O.D., Tory <hr/> Contributor address; City; State; Zip Code  Dumas, TX 79029	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mora O.D., David <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morozco O.D., Michael <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mozdbar O.D., Sima <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/59 Rpt: 37/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munson O.D., Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Melissa, TX 75454	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murrell O.D., Jessica <hr/> Contributor address; City; State; Zip Code  Spring, TX 77002	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newman O.D., Clarke <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newton O.D., Ronald <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Hai <hr/> Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/59 Rpt: 38/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Jenifer	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Addison, TX 75001		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Kimuyen	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Richardson, TX 75082		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Long	Amount of Contribution (\$)  \$20.20
Contributor address; City; State; Zip Code  Houston, TX 77059		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Quan	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Houston, TX 77072		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Steve	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code  Dallas, TX 75224		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/59 Rpt: 39/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Thai-An <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Tu <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen O.D., Vicki <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75054	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nichols O.D., Brian <hr/> Contributor address; City; State; Zip Code  Mt Pleasant, TX 75455	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nichols O.D., Brian <hr/> Contributor address; City; State; Zip Code  Mt Pleasant, TX 75455	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/59 Rpt: 40/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Brien O.D., Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ousley O.D., Bruce <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Park O.D., Jon <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pass O.D., Hulon <hr/> Contributor address; City; State; Zip Code  Fort Stockton, TX 79735	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pass O.D., Joshua <hr/> Contributor address; City; State; Zip Code  Fort Stockton, TX 79735	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/59 Rpt: 41/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Ajay <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75035	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Neha <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Nimisha <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel O.D., Samir <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patrick O.D., Carey <hr/> Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/59 Rpt: 42/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pena O.D., Benny	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  Kerrville, TX 78028		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson O.D., Christopher	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Carrollton, TX 75006		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peterson O.D., Savannah	Amount of Contribution (\$) \$26.00
Contributor address; City; State; Zip Code  Webster, TX 77598		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Philip O.D., Blessy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Coppell, TX 75019		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips O.D., Jeff	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Texarkana, TX 75503		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/59 Rpt: 43/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pillai O.D., Anith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugarland, TX 77479	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pollard O.D., Paige <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poole O.D., Mohan <hr/> Contributor address; City; State; Zip Code  Marble Falls, TX 78654	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prapta O.D., Shawn <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prati O.D., Martin <hr/> Contributor address; City; State; Zip Code  Houston, TX 77058	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/59 Rpt: 44/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Proske O.D., Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Proske O.D., Paul <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pulpan O.D., Stephanie <hr/> Contributor address; City; State; Zip Code  Perryton, TX 79070	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raley O.D., Audrey <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez O.D., Angie <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78582	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/59 Rpt: 45/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez O.D., Antonio <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramirez-Shank O.D., Diane <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ratcliff O.D., Reagan <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reneau O.D., Aaron <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77345	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reynolds O.D., Samantha <hr/> Contributor address; City; State; Zip Code  Haslet, TX 76052	Amount of Contribution (\$)  \$52.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/59 Rpt: 46/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson O.D., Reid <hr/> <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson O.D., Reid <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson O.D., Beth <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson O.D., Nathaniel <hr/> Contributor address; City; State; Zip Code  Lufkin, TX 75904	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez O.D., Jaime <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78596	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/59 Rpt: 47/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rojas O.D., Luis	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75204		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosemore O.D., Corey	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Frisco, TX 75035		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosemore O.D., Ryan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Frisco, TX 75033		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salchak O.D., Robert	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Sugarland, TX 77479		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sandberg O.D., Kyle	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  San Antonio, TX 78229		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/59 Rpt: 48/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sappington O.D., Amanda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79119	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sawhney O.D., Dimple <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Segu O.D., Pat <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shandley O.D., Brian <hr/> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shannon O.D., Bridget <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/59 Rpt: 49/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shauger O.D., Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78727	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shidlofsky O.D., Charles <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shidlofsky O.D., Charles <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sianghio O.D., Leyden <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78255	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sitterle O.D., Scott <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/59 Rpt: 50/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sorrenson O.D., Laurie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sosa O.D., Virginia <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens O.D., Nancy <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steven O.D., Kurtin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75252	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strickland O.D., Clipper <hr/> Contributor address; City; State; Zip Code  Big Spring, TX 79720	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/59 Rpt: 51/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strong O.D., Jane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77419	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sturm O.D., Mark <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan O.D., Mitchell <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75006	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor O.D., Alicia <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor O.D., Erin <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79110	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/59 Rpt: 52/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Terrell O.D., Jenny <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hurst, TX 76054	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thames O.D., Lacey <hr/> Contributor address; City; State; Zip Code  Hutto, TX 78634	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thames O.D., Lacey <hr/> Contributor address; City; State; Zip Code  Hutto, TX 78634	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas O.D., Jack <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas O.D., Jeff <hr/> Contributor address; City; State; Zip Code  Melissa, TX 75454	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/59 Rpt: 53/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson O.D., Melanie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79109	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thornton O.D., Kristofer <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tovias O.D., Mayra <hr/> Contributor address; City; State; Zip Code  Santa Fe, TX 77510	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Anthony <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Jessica <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/59 Rpt: 54/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Joshua <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77407	<b>7</b> Amount of Contribution (\$)  \$5.20
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Lori <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran O.D., Toan <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trichel O.D., Jessica <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75503	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trinh O.D., Kim <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/59 Rpt: 55/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tupa O.D., Faye <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ganado, TX 77962	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner O.D., Kimberly <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Twa O.D., Michael <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tybor O.D., David <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tybor O.D., John <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/59 Rpt: 56/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Upchurch O.D., Alan <hr/> <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75070	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urizar O.D., Jocelyn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vasquez O.D., Celina <hr/> Contributor address; City; State; Zip Code  Palmview, TX 78572	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vasquez O.D., Celina <hr/> Contributor address; City; State; Zip Code  Palmview, TX 78572	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vaughn O.D., Jamel <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79416	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/59 Rpt: 57/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Voigt O.D., Kevin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vorster O.D., Edward <hr/> Contributor address; City; State; Zip Code  Silsbee, TX 77656	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wagner O.D., Troy <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walters O.D., Mary Kate <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76008	Amount of Contribution (\$)  \$104.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wampler O.D., Kim <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/59 Rpt: 58/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Way O.D., David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wedel O.D., Karl <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wei O.D., Deborah <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$52.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West O.D., Jacob <hr/> Contributor address; City; State; Zip Code  Flint, TX 75762	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wicks O.D., Colton <hr/> Contributor address; City; State; Zip Code  Cooper, TX 75432	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/59 Rpt: 59/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiechmann O.D., Alexandra	<b>7</b> Amount of Contribution (\$) \$20.20
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209		
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wild O.D., Tristan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78730		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilken O.D., Bret	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Coppell, TX 75019		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams O.D., Bryan	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code  Dallas, TX 75226		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams O.D., James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Joplin, MO 64804		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/59 Rpt: 60/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams O.D., Nekima <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson O.D., Kent <hr/> Contributor address; City; State; Zip Code  Terrell, TX 75160	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wong O.D., Veronica <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright O.D., David <hr/> Contributor address; City; State; Zip Code  Seminole, TX 79360	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright O.D., Lance <hr/> Contributor address; City; State; Zip Code  Seminole, TX 79360	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/59 Rpt: 61/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yates O.D., Ashleigh <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78247	<b>7</b> Amount of Contribution (\$)  \$10.40
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yee O.D., Jamie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yeh O.D., Shihwei <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yousef O.D., Deliah <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$104.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zhang O.D., Joyce <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/59 Rpt: 62/64
<b>2</b> FILER NAME Texas Optometric PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015622
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zike O.D., Abigail <hr/> <b>6</b> Contributor address; City; State; Zip Code  College Station, TX 77845	<b>7</b> Amount of Contribution (\$)  \$52.00
<b>8</b> Principal occupation / Job title (See Instructions) Optometrist		<b>9</b> Employer (See Instructions)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
4 Date 02/05/2025	5 Payee name Authorize.net	
6 Amount (\$)  69.99 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 808 E Utah Valley Dr  American Fork, UT 84003	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 02/06/2025	Payee name Carriage House Partners	
Amount (\$)  6,250.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Hidden Trails  Arlington, TX 76017	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Lobbyist
Date 02/21/2025	Payee name Clem, Mike	
Amount (\$)  1,112.75 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 10155 Shadyview  Dallas, TX 75238	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 02/25/2025	Payee name Paypal	
Amount (\$)  543.01 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 North First Street  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Payment fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
4 Date 02/24/2025	5 Payee name QuickBooks Payments	
6 Amount (\$)  639.26 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2632 Marine Way  Mountain View, CA 94043	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 02/21/2025	Payee name TOA Facility	
Amount (\$)  3,629.45 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3011 N Lamar ste 300  Austin, TX 78705	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Facility Fee