MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form. 1 Filer ID 2 Total pages filed: (Ethics Commission Filers) 00015622 65						
3 COMMITTEE NAME			OFFICE USE ONLY			
Texas Optometric	PAC					
			Date Received ELECTRONICALLY FILED 04/06/2025			
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
ADDRESS	3011 N. Lamar					
	Ste 300					
	Austin, TX 78705		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN	MS / MRS / MR FIRST	MI				
TREASURER NAME	Ms. Brenda 3].	Receipt # Amount			
			Date Processed			
	NICKNAME LAST	SUFFI				
	BJ Avery		Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY; ST	ATE; ZIP CODE			
TREASURER STREET	3011 N. Lamar					
ADDRESS	Ste 300					
(Residence or Business)	Austin, TX 78705					
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	TATE; ZIP CODE			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER		EXTENSION				
PHONE	(512) 707-2020					
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING	January 5 X Apri	l 5 🛛 🗌 July 5	October 5			
DEADLINE						
	February 5 May	August 5	November 5			
	March 5 June	e 5 September 5	December 5			
11 PERIOD	Month Day Year	Month	Day Year			
COVERED	02/26/2025	THROUGH 03/25/	2025			
	1					
	GO	TO PAGE 2				
Forms provided by Te		thics.state.tx.us	Version V4.1.0.e02d6221			

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Optometric PAC			000156	22
14 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	 Officeholders Assisted 			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	28,920.60
	``	DGES, LOANS, OR GUARANTEES OF LOANS)		20,020.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	287,474.83
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			· · · ·	
		l swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
			da J. Avery	
		Signature of Ca	mpaign Trea	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, t	his the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of c	fficer administering oath
L Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.e02d6221

SUBTOTALS - MPAC		FORM MPAC
	CC	OVER SHEET PG 3 3 of 65
17 COMMITTEE NAME Texas Optometric PAC	18 Filer ID 00015622	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 28,920.60
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 8,475.99
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	The Instru			1	Total pages Schedule A1:	
		ction Guide explains how to complete th	ns ionn.		Sch: 1/60 Rpt: 4/65	
	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
	Date	5 Full name of contributor out-of-state PAC ((ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Acosta O.D., Celeste]		\$50.00
		6 Contributor address; City; State; Zip Code]		
		Helotes, TX 78023				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Optometrist	`		,		
	Date	Full name of contributor out-of-state PAC ((ID#:)	Τ	Amount of Contribution (\$)	
	03/15/2025	Alexander O.D., Lindsey				\$100.00
		Contributor address; City; State; Zip Code		1		
		Sunnyvale, TX 75182				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist			-		
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	
	03/15/2025	Ali O.D., Mohsan				\$20.20
		Contributor address; City; State; Zip Code				
		Pearland, TX 77584				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Optometrist			-,		
	Date	Full name of contributor out-of-state PAC ((ID#:)	Т	Amount of Contribution (\$)	
	03/15/2025	Allen O.D., Mark	· - · · ·			\$50.00
		Contributor address; City; State; Zip Code		1		
		Atlanta, TX 75551				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC ((ID#:)		Amount of Contribution (\$)	_
	03/15/2025	Allison O.D., Joseph				\$200.00
		Contributor address; City; State; Zip Code				
		Bryan, TX 77802				
-	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Optometrist			3)		
-			 			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/60 Rpt: 5/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Altig O.D., William				\$400.00
	-	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
	ļ	Fort Worth, TX 76137				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist	· ·				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Alvarado O.D., Ismael	/		Allount of Contribution (+)	\$50.00
	00/10/2020	Contributor address; City; State; Zip Code				400.00
	ļ	Continuation address, City, State, Zip Code				
		McAllen, TX 78504				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Optometrist			-,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
	03/15/2025	Full name of contributor out-of-state PAC (ID#: Amador O.D., Nancy	/			\$100.00
	03/13/2023					Φ100.00
	ļ	Contributor address; City; State; Zip Code				
	ļ	Leander, TX 78641				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
	Optometrist			,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	03/15/2025	Amin O.D., Opal	/			\$50.00
	00/10/2020	·				400.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78730				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Optometrist			,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	03/15/2025	Amir O.D., Nancy	/		Amount of Contribution (+)	\$100.00
	00,10,2	Contributor address; City; State; Zip Code		-		#±00
	ļ	Continuation address, City, State, Zip Code				
	ļ					
		San Antonio, TX 78240				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Optometrist	,		,		
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/60 Rpt: 6/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Anderson O.D., Vanessa				\$100.00
	I	6 Contributor address; City; State; Zip Code		1		
	I	1				
	I					
		Amarillo, TX 79109	i			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Annunziato O.D., Tom				\$200.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Fort Worth, TX 76008				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Arora O.D., Rajan				\$50.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Dallas, TX 75227				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist			—		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	03/15/2025	Arya O.D., Dimple				\$50.00
	I	Contributor address; City; State; Zip Code]		
	I					
	I	Current and TV 77470				
		Sugar Land, TX 77479		ŕ		
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Optometrist			—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Baker O.D., Catherine				\$50.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Operator TV 77201				
\vdash		Conroe, TX 77301		ŕ		
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Optometrist					

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	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 4/60 Rpt: 7/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date	5 Full name of contributor Out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	03/15/2025	Barajas O.D., Juan				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Mission, TX 78572				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🛛 out-of-state PAC (II	D#:)	T	Amount of Contribution (\$)	
	03/15/2025	Barajas O.D., Juan				\$50.00
		Contributor address; City; State; Zip Code		1		
		Mission, TX 78572		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🛛 out-of-state PAC (II	D#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Barber O.D., Matt				\$50.00
		Contributor address; City; State; Zip Code		1		
		Ft. Worth, TX 76116-5525	-			
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist			_		
	Date	Full name of contributor 🛛 out-of-state PAC (II	D#:)	T	Amount of Contribution (\$)	
	03/15/2025	Barnes O.D., Sophia				\$200.00
		Contributor address; City; State; Zip Code]		
		Houston, TX 77056		Ĺ		
	•	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	03/15/2025	Barraza O.D., Jessica				\$30.00
		Contributor address; City; State; Zip Code				
		Killeen, TX 76542		<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/60 Rpt: 8/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton				00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Barrera O.D., Enedelia				\$50.00
	I	6 Contributor address; City; State; Zip Code		1		
	l	1				
	I	1				
		Pharr, TX 78577				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Bashover O.D., Matthew				\$50.00
		Contributor address; City; State; Zip Code		1		
	l	1				
	I	1				
		Arlington, TX 76011				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Bate O.D., Joy				\$50.00
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	I	1				
		Haslet, TX 76052				
	•	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Batson O.D., Wanda				\$500.00
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	I					
		Crestview, FL 32536				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Bernay O.D., Deborah				\$200.00
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	I					
		La Porte, TX 77571				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 6/60 Rpt: 9/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC		1	00015622	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/15/2025	Bhaga O.D., Sheetal				\$100.00
	l	6 Contributor address; City; State; Zip Code		•		
	I					
	l					
	I	Frisco, TX 75036				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/15/2025	Bock O.D., Matthew				\$20.20
	I	Contributor address; City; State; Zip Code		•		
	I					
	I					
	I	Houston, TX 77063				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
╞	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/15/2025	Brending O.D., Gabrielle				\$5.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Seabrook, TX 77586				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Ţ,	Amount of Contribution (\$)	
	03/15/2025	Brinegar O.D., Vaughn				\$20.20
	I	Contributor address; City; State; Zip Code		1		
	I					
		Cedar Park, TX 78613				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:_)	ļ	Amount of Contribution (\$)	
	03/15/2025	Brochetti O.D., Brenda				\$20.20
	I	Contributor address; City; State; Zip Code		1		
	I					
		Plano, TX 75075				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 7/60 Rpt: 10/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor Out-of-state PAC (ID)#:)	7	Amount of Contribution (\$)	
	03/15/2025	Brown O.D., Corwin				\$100.00
	ļ	6 Contributor address; City; State; Zip Code		1		
		Cleburne, TX 76003				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Brownlee O.D., Chris			-	\$400.00
	,			ł		
		Galveston, TX 77550				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
┢	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	03/15/2025	Bui O.D., Thoai				\$100.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Carrollton, TX 75007				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Bullard O.D., Heath				\$100.00
	1	Contributor address; City; State; Zip Code		1		
	ļ					
		Cleburne, TX 76033				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor 🛛 out-of-state PAC (ID)#:)		Amount of Contribution (\$)	_
	03/15/2025	Burket O.D., Caitlin				\$5.20
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ľ	Harlingon TV 70550				
	<u> </u>	Harlingen, TX 78552		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
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	The Instruc	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 8/60 Rpt: 11/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC		1	00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Butler O.D., W				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Round Rock, TX 78681				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)	s)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	03/15/2025	Campbell O.D., Megan				\$26.00
		Contributor address; City; State; Zip Code		1		
		Celina, TX 75009				
		pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Cargo O.D., Jon				\$200.00
		Contributor address; City; State; Zip Code]		
		In time TV 7EACO				
	Drizainal agou	Irving, TX 75063	Employer (Cap Instructions	<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
╘						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢ 400.00
	03/15/2025	Castleberry O.D., Kim				\$400.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75024				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 s)		
	Optometrist	,		-,		
⊢	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	03/15/2025	Catuncan O.D., Jennifer	/			\$50.00
		Contributor address; City; State; Zip Code		-		
		Bedford, TX 76022				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Optometrist					
⊢		I				

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	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 9/60 Rpt: 12/65	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date	5 Full name of contributor Out-of-state PA	\C (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Celico O.D., Brian				\$50.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75231				
8	Princinal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	<u> </u> (ns)		
Ľ	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Cerda O.D., Juan				\$400.00
		Contributor address; City; State; Zip Code				
		McAllen, TX 78501				
		pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Optometrist					
	Date	Full name of contributor out-of-state PA	\C (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Chang O.D., Sarah				\$52.00
		Contributor address; City; State; Zip Code				
		Houston TV 77000				
	Dringinal occu	Houston, TX 77080	Employor (Soo Instructio			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructio	115)		
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	ቀ100 00
	03/15/2025	Chen O.D., Alexander				\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Optometrist			-,		
-	Date	Full name of contributor out-of-state PA			Amount of Contribution (\$)	
	03/15/2025	Chen O.D., Alexander	(ID#)			\$200.00
		Contributor address; City; State; Zip Code				T
		Houston, TX 77004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Optometrist					

	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/60 Rpt: 13/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Cherry O.D., Brian				\$200.00
		6 Contributor address; City; State; Zip Code				
		Ft Worth, TX 76137		Ļ		
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions)		
╞	-				Amount of Contribution (ft)	
	Date 03/15/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢200.00
	03/15/2025	Cheyne O.D., Chris				\$200.00
		Contributor address; City; State; Zip Code				
		Granbury, TX 76049				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Cheyne O.D., Chris	,			\$200.00
		Contributor address; City; State; Zip Code				
		Granbury, TX 76049				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Chu O.D., Victoria				\$52.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78745				
-	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			9		
╞	Date	Full name of contributor out-of-state PAC (ID#:	`		Amount of Contribution (\$)	
	03/15/2025	Full name of contributor out-of-state PAC (ID#: Cobb O.D., James)		Amount of Contribution (\$)	\$50.00
	00/10/2020	Contributor address; City; State; Zip Code				\$50.00
		Contributor address, City, State, Zip Code				
		Amarillo, TX 79107				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

	The Instru	ction Guide explains how to complete this	; form.	1	Total pages Schedule A1: Sch: 11/60 Rpt: 14/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	-
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	03/15/2025	Coble O.D., John				\$200.00
		6 Contributor address; City; State; Zip Code		1		
	ļ					
		Greenville, TX 75401				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Colston O.D., Ben				\$50.00
	1	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Arlington, TX 76013				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#	#:)	T	Amount of Contribution (\$)	
	03/15/2025	Conley O.D., Alex				\$50.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Fort Worth, TX 76131		Ĺ		
	-	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist			-		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	03/15/2025	Consor O.D., Bob				\$50.00
		Contributor address; City; State; Zip Code				
	ļ					
		Dallas, TX 75252				
\vdash	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			5)		
╞	-		<u> </u>	1		
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	<u> </u>
	03/15/2025	Contaldi O.D., Mario				\$104.00
		Contributor address; City; State; Zip Code				
	ļ	N. Richland Hills, TX 76180				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Optometrist			3)		
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				1	Total pages Schedule A1:	
	The Instru	ction Guide explains how to complete this fo	orm.		Sch: 13/60 Rpt: 16/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Dang O.D., Thuyhong				\$50.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77007				
8	Principal occu		9 Employer (See Instructions	<u> </u> s)		
	Optometrist	, , ,		,		
	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Dao O.D., Mavis				\$20.00
		Contributor address; City; State; Zip Code		•		
		Pearland, TX 77584				
	•	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢200.00
	03/15/2025	David O.D., Ashley				\$200.00
		Contributor address; City; State; Zip Code				
		San Angelo, TX 76904				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Davis O.D., Mark				\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78259				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Dawn O.D., Rakich				\$50.00
		Contributor address; City; State; Zip Code		1		
		San Antonia TV 79215				
	Principal occu	San Antonio, TX 78215 pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Optometrist			-)		
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	The Instru	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 14/60 Rpt: 17/65	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	,
4	Date 03/15/2025	5 Full name of contributor out Day, Jr O.D., Bob	it-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00
			p Code				
		Garland, TX 75041					
8	Principal occu Optometrist	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date	Full name of contributor	it-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	DeLoach O.D., Joe					\$100.00
		Contributor address; City; State; Zip	p Code				
		Dallas, TX 75219	'				
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Optometrist	• •					
╞	Date	Full name of contributor	it-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	DeMaggio O.D., Julie					\$20.20
	00,10,2	Contributor address; City; State; Zig	n Codo				*= •.=.
		Mansfield, TX 76063					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor	it-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	DeShaw O.D., Jonathan					\$50.00
		Contributor address; City; State; Zip	ρ Code				
⊢	Drive sized, oppu	Garland, TX 75042	r		Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date		it-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Deakins O.D., Jennifer					\$200.00
		Contributor address; City; State; Zip Fort Worth, TX 76135	p Code				
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ן</u>		
	Optometrist				'		
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The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1:Sch: 15/60 Rpt: 18/65	
2 FILER NAME			3 Filer ID (Ethics Commission	ו Filers)
Texas Optor	netric PAC		00015622	
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
03/15/2025	Delay O.D., Richard			\$200.00
	6 Contributor address; City; State; Zip Code			
	Boerne, TX 78015			
	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
03/15/2025	Delk O.D., Kyle			\$25.00
	Contributor address; City; State; Zip Code			
	Port Neches, TX 77651			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
03/15/2025	Dennis O.D., Keith			\$100.00
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78664	-		
-	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
03/15/2025	Diaz O.D., Yvonne			\$100.00
	Contributor address; City; State; Zip Code			
	Ediabura TV 70E 11			
Dringing occu	Edinburg, TX 78541 pation / Job title (See Instructions)	Employer (See Instructions		
Optometrist	pation / Job lille (See instructions)	Employer (See Instructions	;)	
			1	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	#100 00
03/15/2025	Dinh O.D., David			\$100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75206			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Optometrist			<i>)</i>	
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	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/60 Rpt: 19/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Dolce O.D., Jackson				\$5.20
		6 Contributor address; City; State; Zip Code				
		Port Neches, TX 77651				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Dunnigan O.D., Shawn				\$200.00
		Contributor address; City; State; Zip Code				
		Lumberton, TX 77657				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Optometrist	•	- <u>-</u> .			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Duong O.D., Nghiem	/		Allount of Contineation (+)	\$75.00
	00/10/2020	Contributor address; City; State; Zip Code				¥10.00
		Continuator address, City, State, Zip Code				
		Richardson, TX 75080				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Optometrist	· · · · ·		,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	, I		Amount of Contribution (\$)	
	03/15/2025	Full name of contributor out-of-state PAC (ID#: Ellis O.D., John)		Amount of Contribution (\$)	\$100.00
	03/13/2023					\$100.00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79902				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			'		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢50.00
	03/15/2025	Ermis O.D., Keith				\$50.00
		Contributor address; City; State; Zip Code				
		Wharton TV 77499				
⊢	Deineineleen	Wharton, TX 77488	Enveloper (Or a la standium)	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions))		
	Optometrist					
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	The Instru	ction Guide explains how to complete	e this f	orm.	1	Total pages Schedule A1: Sch: 17/60 Rpt: 20/65	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC				00015622	-
4	Date	5 Full name of contributor out-of-state P	PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/15/2025	Eylar O.D., Crystal					\$100.00
		6 Contributor address; City; State; Zip Code					
	ļ	1					
	ļ	1					
		Allen, TX 75002					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor out-of-state P	PAC (ID#:_)		Amount of Contribution (\$)	
	03/15/2025	Ezzell O.D., Steven					\$52.00
	ļ	Contributor address; City; State; Zip Code					
		1					
	Driveinel eeeu	Abilene, TX 79601	1		Ĺ		
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	-				-		
	Date	Full name of contributor out-of-state P	PAC (ID#:_)		Amount of Contribution (\$)	* 50.00
	03/15/2025						\$50.00
		Contributor address; City; State; Zip Code					
		1					
		seabrook, TX 77586					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Optometrist				,		
╞	Date	Full name of contributor Out-of-state P	PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Feeser O.D., Michael					\$20.20
		Contributor address; City; State; Zip Code					·
	ļ	1					
		Huntingtown, MD 20639					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
F	Date	Full name of contributor out-of-state P	PAC (ID#:_)		Amount of Contribution (\$)	
	03/15/2025	Fleitman O.D., Cynthia					\$100.00
	ļ	Contributor address; City; State; Zip Code					
	ļ	1					
		Gainesville, TX 76240					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						

	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 18/60 Rpt: 21/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-	Texas Optor	netric PAC			00015622	
4	Date 03/15/2025	5 Full name of contributor out-of-state PAC (II Flores O.D., Amador)	7	Amount of Contribution (\$)	\$100.00
		Laredo, TX 78041				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	
	03/15/2025	Fortenberry O.D., Sandra				\$100.00
		Contributor address; City; State; Zip Code				
		Helotes, TX 78023				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🛛 out-of-state PAC (I	D#:)	T	Amount of Contribution (\$)	
	03/15/2025	Gamini O.D., Safi				\$20.20
		Contributor address; City; State; Zip Code Plano, TX 75093				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	
	03/15/2025	Garcia Holle O.D., Laura				\$100.00
		Contributor address; City; State; Zip Code				
		San Angelo, TX 76904				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	
	03/15/2025	Garcia O.D., Claudia				\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77081				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/60 Rpt: 22/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/15/2025	Garza O.D., Janet				\$50.00
	I	6 Contributor address; City; State; Zip Code				
	I					
	I					
	I	Houston, TX 77064				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Gee O.D., Kevin				\$400.00
	Contributor address; City; State; Zip Code					
	I					
	I					
		Missouri City, TX 77459				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	03/15/2025	Gibson O.D., David				\$30.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Lubbock, TX 79423				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Graham Hayter O.D., Paul				\$200.00
	I	Contributor address; City; State; Zip Code]		
	I					
	I					
	Drivelago	Irving, TX 75063		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷=0.00
	03/15/2025	Gray O.D., David				\$50.00
	I	Contributor address; City; State; Zip Code				
		Midland, TX 79705				
_	Dringingloggy	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist		Employer (See Instructions)		
\vdash	Optometrist					

	The Instru	ction Guide explains how to complete this	; form.	1	Total pages Schedule A1: Sch: 20/60 Rpt: 23/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	-
4	Date 03/15/2025	5 Full name of contributor Dut-of-state PAC (ID# Gray O.D., Jeannie	#:)	7	Amount of Contribution (\$)	\$50.00
	00.20.20	6 Contributor address; City; State; Zip Code				T -
		Midland, TX 79705				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Greeman III O.D., Nelson				\$100.00
				1		
		San Antonio, TX 78212				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>		
	Optometrist					
F	Date	Full name of contributor 🔲 out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Greeman O.D., Kevin				\$50.00
		Contributor address; City; State; Zip Code San Antonio, TX 78212				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
\vdash	Date	Full name of contributor out-of-state PAC (ID#		Г	Amount of Contribution (\$)	
	03/15/2025	Green O.D., Leigh				\$100.00
		Contributor address; City; State; Zip Code				
		Woodway, TX 76712				
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Greene O.D., Matthew				\$200.00
		Contributor address; City; State; Zip Code College Station, TX 77845				
<u> </u>	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			5)		

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 21/60 Rpt: 24/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date 03/15/2025	5 Full name of contributorout-of-state PAC (ID#: Greenstein O.D., Karena)	7	Amount of Contribution (\$)	\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75216				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Hall O.D., Jamie				\$20.20
		Contributor address; City; State; Zip Code				
		Wills Point, TX 75169				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊨	-		<u> </u>	1	1	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	Φ 400 00
	03/15/2025	Hammond O.D., Deanna Contributor address; City; State; Zip Code				\$400.00
		Grand Prairie, TX 75052				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Hammond O.D., Eric				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78750				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			<u> </u>	1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 400.00
	03/15/2025	Hanson O.D., Mark				\$100.00
		Contributor address; City; State; Zip Code				
		Arlington, TX 76012				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 22/60 Rpt: 25/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	03/15/2025	Harper O.D., Ellener				\$20.20
		6 Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76131				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor 🛛 out-of-state PAC (ID#	:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Hart O.D., Peggy				\$50.00
		Houston, TX 77079				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
╞	Date	Full name of contributor 🔲 out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	03/15/2025	Harvey O.D., Cameo	/			\$20.20
		Contributor address; City; State; Zip Code				
		Abilene, TX 79605				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Optometrist					
⊨	Date	Full name of contributor Out-of-state PAC (ID#	.)		Amount of Contribution (\$)	
	03/15/2025	Hawari O.D., Andy	·/		(1)	\$100.00
	00/20/2020	Contributor address; City; State; Zip Code				+_00.00
		Contributor address, City, State, Zip Code				
		Mineola, TX 75773				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Optometrist			,		
╞				_		
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	#100.00
	03/15/2025	Hawkins O.D., Heidi				\$100.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79109	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
1						

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	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 23/60 Rpt: 26/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAG	\C (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Heeg O.D., Paul				\$100.00
		6 Contributor address; City; State; Zip Code		1		
_		Coppell, TX 75019				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist			-		
	Date		\C (ID#:)	T	Amount of Contribution (\$)	
	03/15/2025	Hejny O.D., Whitney]		\$50.00
		Contributor address; City; State; Zip Code]		
		Miles, TX 76861				
	Dringing occu		Employor (See Instructions	$\frac{1}{2}$		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊨	-			T	Δ	
	Date	Full name of contributor out-of-state PAG	.C (ID#:)		Amount of Contribution (\$)	#100.00
	03/15/2025	Helbert-Green O.D., Carolyn				\$100.00
		Contributor address; City; State; Zip Code				
		Colleyville, TX 76034				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist					
	Date	Full name of contributor Out-of-state PAG	I .C (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Henry O.D., Amy				\$100.00
		Contributor address; City; State; Zip Code		1		
		Victoria, TX 77904				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Accountant					
	Date	Full name of contributor 🔲 out-of-state PAG	.C (ID#:)	Τ	Amount of Contribution (\$)	
	03/15/2025	Henson O.D., Karen				\$200.00
		Contributor address; City; State; Zip Code		1		
		Smithville, TX 78957				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					

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	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 24/60 Rpt: 27/65	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Texas Opton	netric PAC			00015622	-
4	Date	5 Full name of contributor out-of-state PAC (ID;	#:)	7	Amount of Contribution (\$)	
	03/15/2025	Hoang O.D., Bao				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Katy, TX 77494				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC (ID;	#:)	Τ	Amount of Contribution (\$)	
	03/15/2025	Hoang O.D., Kathy				\$50.00
		Contributor address; City; State; Zip Code]		
	D 1 - size 1 a a a u	Katy, TX 77494		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist			-		
	Date	Full name of contributor out-of-state PAC (ID)	#:)		Amount of Contribution (\$)	±
	03/15/2025	Hopping O.D., Ron				\$100.00
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Optometrist			5)		
⊨	Date	Full name of contributor Out-of-state PAC (IDa	#·)	Г	Amount of Contribution (\$)	
	03/15/2025	Hopping O.D., Ron	#/			\$100.00
	00,10,2020	Contributor address; City; State; Zip Code		-		Ψ±00.00
		Continuation address, City, State, Zip Code				
		Friendswood, TX 77546				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID;	#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Hutchins O.D., Jaclyn				\$50.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78257				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					

	The Instruc	ction Guide explains how to complete	this form.		1 Total pages Schedule A1: Sch: 25/60 Rpt: 28/65	
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of Contribution (\$)	
	03/15/2025	Huynh O.D., Hieu				\$50.00
	ļ	6 Contributor address; City; State; Zip Code				
		Dallas, TX 75240				
8	Principal occu	pation / Job title (See Instructions)	9 Employ	er (See Instructions))	
Ľ	Optometrist					
F	Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of Contribution (\$)	
	03/15/2025	Johle O.D., Sarah				\$50.00
	ł	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Hutto, TX 78634				
		pation / Job title (See Instructions)	Employ	er (See Instructions))	
	Optometrist					
F	Date	Full name of contributor 🔲 out-of-state PAG	C (ID#:)	Amount of Contribution (\$)	
	03/15/2025	Johnson O.D., Murray				\$400.00
	1	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Dallas, TX 75287	<u> </u>			
	•	pation / Job title (See Instructions)	Employ	er (See Instructions))	
	Optometrist					
	Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of Contribution (\$)	
	03/15/2025	Jolivette O.D., Nia				\$25.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	San Antonio, TX 78229				
\vdash	Drincinal occu	pation / Job title (See Instructions)	Employ	er (See Instructions)	\	
	Optometrist		Епроу)	
┝	-					
	Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of Contribution (\$)	<u>ቀ100 00</u>
	03/15/2025	Jones O.D., Jeffrey				\$100.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Longview, TX 75605				
<u> </u>	Drincinal occu	pation / Job title (See Instructions)	Employ	er (See Instructions)	<u>۸</u>	
	Optometrist		Employ)	
┝						

	The Instru	ction Guide explains how to com	nplete this fc	orm.	1	Total pages Schedule A1: Sch: 26/60 Rpt: 29/65	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC				00015622	
4	Date 03/15/2025	5 Full name of contributor out-of Jordan O.D., Emily	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
	I	6 Contributor address; City; State; Zip C	Code				
		Austin, TX 78746					
8	Principal occu Optometrist	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of	f-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Karanges O.D., Gayle					\$100.00
		Contributor address; City; State; Zip C	Code				
		Arlington, TX 76005					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> چ)		
	Optometrist	•			,		
⊨	Date	Full name of contributor out-of	f-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Kelly O.D., Shawn	· · · · · ·			• •	\$50.00
	I	Contributor address; City; State; Zip C	Code				
		Plano, TX 75023					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor out-of	f-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Kemp O.D., Robert					\$100.00
	I	Contributor address; City; State; Zip C	Code				
		l					
L		Houston, TX 77015-2310					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date		f-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Knight O.D., Millicent					\$100.00
		Contributor address; City; State; Zip C	Code				
		l					
		Diana TV 75002					
┡	Dringingloog	Plano, TX 75093		Employer (Cool potructions			
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
⊢	Optometrist						

	The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 27/60 Rpt: 30/65
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Opton	netric PAC		00015622
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	03/15/2025	Kocian O.D., Larry		\$104.00
	ļ	6 Contributor address; City; State; Zip Code		·
	ļ			
	ļ			
		Harker Heights, TX 76548		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Optometrist			
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	03/15/2025	Kodukula O.D., Dipa		\$50.00
	ļ	Contributor address; City; State; Zip Code		·
		Austin, TX 78717		
		pation / Job title (See Instructions)	Employer (See Instructions	s)
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:	<u>. </u>	Amount of Contribution (\$)
	03/15/2025	Kuder O.D., Bryan		\$20.20
		Contributor address; City; State; Zip Code		1
	ļ			
		Carrollton, TX 75007		
	-	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/15/2025	Kuykendall O.D., Traci		\$100.00
	ļ	Contributor address; City; State; Zip Code		1
	ļ			
		Cleburne, TX 76033		
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)
				.
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/15/2025	Lagunas O.D., Claudio		\$400.00
	ļ	Contributor address; City; State; Zip Code		
	ļ			
	ļ	The Weedlands TV 77202		
	Deir einel oppu	The Woodlands, TX 77382		ļ
		pation / Job title (See Instructions)	Employer (See Instructions	s)
	Optometrist			

	The Instru	ction Guide explains how to complete th	lis form.	1	Total pages Schedule A1: Sch: 28/60 Rpt: 31/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-	Texas Optor	netric PAC			00015622	11 11010)
4		5 Full name of contributor Out-of-state PAC ()	7	Amount of Contribution (\$)	
	03/15/2025	Lam O.D., Sean	. –			\$20.20
		6 Contributor address; City; State; Zip Code		·		
		Houston, TX 77075				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC ((ID#:)	Τ	Amount of Contribution (\$)	
	03/15/2025	Lambert O.D., Sawyer				\$100.00
	Contributor address; City; State; Zip Code			1		
		11 TV 77000				
	Duin single age	Houston, TX 77008				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist			-		
	Date	Full name of contributor Out-of-state PAC ((ID#:)		Amount of Contribution (\$)	÷100.00
	03/15/2025	Larry O.D., Gunnell				\$100.00
		Contributor address; City; State; Zip Code				
		Witchita Falls, TX 76308				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L s)		
	Optometrist			-,		
	Date	Full name of contributor out-of-state PAC (Т	Amount of Contribution (\$)	
	03/15/2025	Le O.D., Anne	,ID#/		Allount of Contribution (+)	\$100.00
		Contributor address; City; State; Zip Code				*=
		Houston, TX 77072				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC ((ID#:)	Τ	Amount of Contribution (\$)	
	03/15/2025	Le O.D., Hoan				\$50.00
		Contributor address; City; State; Zip Code		1		
		Spring, TX 76135				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
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	The Instrue	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 29/60 Rpt: 32/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	ŕ
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Le O.D., Kevin				\$5.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77054				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Le O.D., Lisa				\$50.00
		Contributor address; City; State; Zip Code				
		Missouri City, TX 77459				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Linh O.D., Linh				\$50.00
		Contributor address; City; State; Zip Code				
		Leander, TX 78641				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	03/15/2025	Lou O.D., Oliver				\$100.00
		Contributor address; City; State; Zip Code				
		Cedar Park, TX 78613				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	03/15/2025	Lucas O.D., Thomas				\$400.00
		Contributor address; City; State; Zip Code				
		Harker Heights, TX 76548				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
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	The Instru	ction Guide explains how to complet	te this form	1	Total pages Schedule A1:	
					Sch: 30/60 Rpt: 33/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	ietric PAC			00015622	
4	Date	5 Full name of contributor out-of-state	9 PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Mai O.D., Kelly				\$50.00
		6 Contributor address; City; State; Zip Code				
		Cuprose TX 77422				
0	Principal occu	Cypress, TX 77433 pation / Job title (See Instructions)	9 Employer (See Instruction			
0	Optometrist			15)		
				_		
	Date 03/15/2025		PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	03/15/2025	Maldonado O.D., Michael				Φ0.00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79902				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u>เ</u> าร)		
	Optometrist	•				
-	Date	Full name of contributor out-of-state	I PAC (ID#:)	Т	Amount of Contribution (\$)	
	03/15/2025	Maldonado O.D., Nicole				\$50.00
		Contributor address; City; State; Zip Code				
		l				
		San Antonio, TX 78249				
		pation / Job title (See Instructions)	Employer (See Instruction	าร)		
	Optometrist					
	Date	Full name of contributor out-of-state	PAC (ID#:)	T	Amount of Contribution (\$)	
	03/15/2025	Maredia O.D., Nazia				\$50.00
		Contributor address; City; State; Zip Code		"		
		l				
	Drizoinal agou	San Antonio, TX 78504	Employer (Soo Instruction			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instruction	is)		
	-			_		
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	<u>ቀ100 00</u>
	03/15/2025	Martin O.D., Joe				\$100.00
		Contributor address; City; State; Zip Code				
		I				
		Cleburne, TX 76033				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u> </u> าร)		
	Optometrist			,		

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 31/60 Rpt: 34/65	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Texas Optor	netric PAC	ł		00015622	-
4	Date 03/15/2025	5 Full name of contributor out-of-state PAC (IE Martin O.D., Michal)	7	Amount of Contribution (\$)	\$50.00
		6 Contributor address; City; State; Zip Code	,	1		
		Austin, TX 78735				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (IE	D#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Martinez O.D., Michelle	,			\$100.00
		Contributor address; City; State; Zip Code				
		Ft. Worth, TX 76244				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
╞━	Date	Full name of contributor out-of-state PAC (IE		Τ	Amount of Contribution (\$)	
	03/15/2025	Masters O.D., Trishna	J#/			\$20.20
	00/10/2020					Ψ20.20
	Contributor address; City; State; Zip Code Arlington, TX 76006					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor 🔲 out-of-state PAC (IE		Γ	Amount of Contribution (\$)	
	03/15/2025	McCarty O.D., Dennis	,			\$50.00
		Contributor address; City; State; Zip Code				
		Cedar Park, TX 78613				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
Γ	Date	Full name of contributor 🔲 out-of-state PAC (IE		Γ	Amount of Contribution (\$)	
	03/15/2025	McClain O.D., Christos	ł			\$20.20
		Contributor address; City; State; Zip Code				
		College Station, TX 77845				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
			•			

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/60 Rpt: 35/65	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/15/2025	McCormick O.D., Michael					\$50.00
		6 Contributor address; City; St			1		
		Austin, TX 78759					
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/15/2025	McCown O.D., Joshua					\$100.00
		Contributor address; City; St			1		
		Gatesville, TX 76528					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/15/2025	McDaniel O.D., Stephen					\$104.00
		Contributor address; City; St	ate; Zip Code		1		
		DallaS, TX 75208					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/15/2025	McGowan O.D., Joseph					\$50.00
		Contributor address; City; St	ate; Zip Code		1		
		AUSTIN, TX 78748-1051					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/15/2025	McPherson O.D., Kimberly	ý				\$50.00
		Contributor address; City; St	ate; Zip Code		1		
		North Richland Hills, TX 7	6180				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist						

	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/60 Rpt: 36/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/15/2025	Means O.D., Stephen				\$400.00
		6 Contributor address; City; State; Zip Code				
	ſ					
	ſ					
	ſ	Huntsville, TX 77340				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> چ)		
	Optometrist			,		
	-	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (¢)	
	Date 03/15/2025)		Amount of Contribution (\$)	\$50.00
	03/15/2025	Montgomery O.D., Brandi				φ <u></u> 0.00
	ſ	Contributor address; City; State; Zip Code				
	ſ					
	ſ	Missouri City TX 77450				
	Duin aire al la a au	Missouri City, TX 77459				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Moon O.D., Debra				\$100.00
	ļ	Contributor address; City; State; Zip Code		1		
	ſ					
	ſ					
	1	Plano, TX 75024				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Moore O.D., Tory				\$100.00
	ſ	Contributor address; City; State; Zip Code				
	ſ					
	ſ	Dumas, TX 79029				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Mora O.D., David			(1)	\$50.00
		Contributor address; City; State; Zip Code				,
		Contributor address, City, State, Zip Code				
		Laredo, TX 78043				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist			~)		
┝	Optometrist					
í I						

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	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 34/60 Rpt: 37/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (I	ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Morozco O.D., Michael				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78240				
Q	Drincinal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
, c	Optometrist			5)		
	Date	Full name of contributor 🔲 out-of-state PAC (I	ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Mozdbar O.D., Sima				\$20.20
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78750				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
Γ	Date	Full name of contributor Out-of-state PAC (I	ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Munson O.D., Kevin				\$100.00
		Contributor address; City; State; Zip Code		1		
		Melissa, TX 75454	<u> </u>	<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor Out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	
	03/15/2025	Murrell O.D., Jessica]		\$20.20
		Contributor address; City; State; Zip Code]		
		Spring, TX 77002				
_	Dringinal occu	pation / Job title (See Instructions)	Employor (Soo Instructions	$\frac{1}{2}$		
	Optometrist		Employer (See Instructions	5)		
╞						
	Date	Full name of contributor out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	\$ 400 00
	03/15/2025	Newman O.D., Clarke				\$400.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75201				
┝	Dringinal occu		Employor (See Instructions	<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
┡	Optometrist					

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/60 Rpt: 38/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Newton O.D., Ronald				\$100.00
		6 Contributor address; City; State; Zip Code		1		
_	Dringing oppu	Laredo, TX 78040				
8	Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	-		<u> </u>	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 50.00
	03/15/2025					\$50.00
		Contributor address; City; State; Zip Code				
		Portland, TX 78374				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Optometrist	•				
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Nguyen O.D., Jenifer				\$50.00
		Contributor address; City; State; Zip Code				
		Addison, TX 75001	,			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist			-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷=0.00
	03/15/2025	Nguyen O.D., Kimuyen				\$50.00
		Contributor address; City; State; Zip Code				
		Richardson, TX 75082				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Nguyen O.D., Long				\$20.20
		Contributor address; City; State; Zip Code		1		
	<u> </u>	Houston, TX 77059	1 <u>.</u>			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 36/60 Rpt: 39/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date 03/15/2025	5 Full name of contributor out-of-state PAC (ID#: Nguyen O.D., Quan)	7	Amount of Contribution (\$)	\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77072				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	· :)		Amount of Contribution (\$)	
	03/15/2025	Nguyen O.D., Steve				\$200.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75224				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	03/15/2025	Nguyen O.D., Thai-An				\$100.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75206				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	03/15/2025	Nguyen O.D., Tu				\$50.00
		Contributor address; City; State; Zip Code		1		
		Cypress, TX 77429				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	03/15/2025	Nguyen O.D., Vicki				\$50.00
		Contributor address; City; State; Zip Code]		
	<u> </u>	Grand Prairie, TX 75054				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 37/60 Rpt: 40/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	·
4	Date	5 Full name of contributor out-of-state PAC (ID:	#:)	7	Amount of Contribution (\$)	
	03/15/2025	Nichols O.D., Brian				\$200.00
	1	6 Contributor address; City; State; Zip Code		1		
	I	1				
	I	1				
		Mt Pleasant, TX 75455				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Optometrist					
	Date	Full name of contributor Dut-of-state PAC (ID))#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	O'Brien O.D., Lisa				\$50.00
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	I	1				
		Amarillo, TX 79109				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					
Γ	Date	Full name of contributor Dout-of-state PAC (ID)	#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Ousley O.D., Bruce				\$100.00
	I	Contributor address; City; State; Zip Code	,	1		
	I	1				
	I					
	Highland Village, TX 75077					
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist			-		
	Date	Full name of contributor out-of-state PAC (ID;	#:)		Amount of Contribution (\$)	
	03/15/2025	Park O.D., Jon				\$100.00
	I	Contributor address; City; State; Zip Code]		
	I	1				
	I	In time TV 7E069				
\vdash	Drinsipal acqu	Irving, TX 75063		<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	-			—		
	Date	Full name of contributor Out-of-state PAC (ID)	#:)		Amount of Contribution (\$)	÷100.00
	03/15/2025	Pass O.D., Hulon				\$100.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	I	Fast Staaldan TV 7072E				
	Deir einel oppu	Fort Stockton, TX 79735	Englaver (Cap Instructions			
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 38/60 Rpt: 41/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Pass O.D., Joshua				\$100.00
	ł	6 Contributor address; City; State; Zip Code	,	1		
	ł					
	ł					
	ľ	Fort Stockton, TX 79735				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	03/15/2025	Patel O.D., Ajay				\$100.00
	ļ					
	ļ					
	ſ	Frisco, TX 75035				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	03/15/2025	Patel O.D., Hiten				\$200.00
		Contributor address; City; State; Zip Code	,			
	ļ					
	ļ	Kerrville, TX 78028				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	. 5)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	03/15/2025	Patel O.D., Hiten	/			\$200.00
	ł	Contributor address; City; State; Zip Code				
	ł					
	ł					
	ľ	Kerrville, TX 78028				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Optometrist			<i>,</i>		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	03/15/2025	Full name of contributor out-of-state PAC (ID#: Patel O.D., Neha	·)		Amount of Contribution (\$)	\$50.00
	03/13/2023					Ψ30.00
	ł	Contributor address; City; State; Zip Code				
	1					
	ſ	Fort Worth, TX 76137				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Optometrist			"		
⊢						

	The Instru	ction Guide explains how to comp	olete this fo	orm.	1	Total pages Schedule A1: Sch: 39/60 Rpt: 42/65	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	
4	Date		tate PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Patel O.D., Nimisha					\$20.20
		6 Contributor address; City; State; Zip Coc					
		Houston, TX 77027	r				
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor 🗌 out-of-st	tate PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Patel O.D., Samir					\$200.00
		Contributor address; City; State; Zip Coc					
		Beaumont, TX 77706	r				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor 🗌 out-of-st	tate PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Patrick O.D., Carey					\$200.00
		Contributor address; City; State; Zip Coc					
	Allen, TX 75002						
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist		l				
	Date		tate PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Pena O.D., Benny					\$200.00
		Contributor address; City; State; Zip Coo	de				
		Komillo TV 70020					
\vdash	Dringingl goog	Kerrville, TX 78028 pation / Job title (See Instructions)	r	Employer (See Instructions			
	Optometrist			Employer (See Instructions	5)		
			l		-		
	Date		tate PAC (ID#:)		Amount of Contribution (\$)	* 50.00
	03/15/2025	Pepin O.D., Allison					\$52.00
		Contributor address; City; State; Zip Coc	de				
		Coorgotown TX 78628					
	Dringing oogu	Georgetown, TX 78628	r	Employer (Cap Instructions			
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/60 Rpt: 43/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date 03/15/2025	5 Full name of contributor out-of-state PAC (ID#: Perez O.D., Elizabeth)	7	Amount of Contribution (\$)	\$100.00
		6 Contributor address; City; State; Zip Code		ł		
		Beeville, TX 78102				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Perez O.D., Elizabeth				\$100.00
		Contributor address; City; State; Zip Code				
	21.00010000	Beeville, TX 78102				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	-			Г	Amount of Contribution (\$)	
	Date 03/15/2025	Full name of contributor out-of-state PAC (ID#: Peterson O.D., Christopher)		Amount of Contribution (\$)	\$50.00
	03/13/2023	Contributor address; City; State; Zip Code		$\left \right $		ΦΟ0.00
		Carrolton, TX 75006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Optometrist			-,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Peterson O.D., Savannah				\$26.00
		Contributor address; City; State; Zip Code		1		
		Webster, TX 77598				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷22.00
	03/15/2025	Philip O.D., Blessy				\$20.00
		Contributor address; City; State; Zip Code				
		Coppell, TX 75019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 41/60 Rpt: 44/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Phillips O.D., Jeff				\$100.00
		6 Contributor address; City; State; Zip Code				
		Texarkana, TX 75503				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Pierce O.D., Jordan				\$50.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76177				
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Pillai O.D., Anith				\$100.00
		Contributor address; City; State; Zip Code				
		Sugarland, TX 77479				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	03/15/2025	Pollard O.D., Paige				\$100.00
		Contributor address; City; State; Zip Code				
	D : :	Midlothian, TX 76065		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Poole O.D., Mohan				\$100.00
		Contributor address; City; State; Zip Code				
		Markle Falle TV 706F4				
		Marble Falls, TX 78654		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

SCHEDULE	A1
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e explains how to c	omplete this for	rm.	1	Total pages Schedule A1: Sch: 42/60 Rpt: 45/65	
			3	Filer ID (Ethics Commission	n Filers)
				00015622	
e of contributor	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
		/	[.]		\$100.00
			•		Ψ100.00
or address; City, State, Zi	Ip Code				
ld. TX 76063					
	9	Emplover (See Instructions	<u> </u>		
,		<u> </u>	-,		
e of contributor 🗌 ou	ut-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
D., Martin				• •	\$100.00
			•		-
of data occ, e.t.,,					
n, TX 77058					
tle (See Instructions)		Employer (See Instructions	<u>-</u> 5)		
e of contributor 🗌 οι	ut-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
O.D., Paul					\$50.00
			1		
Spring, TX 77379					
Principal occupation / Job title (See Instructions) Employer (See Instruction: Optometrist					
			_		
	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
O.D., Paul					\$50.00
or address; City; State; Z	ip Code]		
TV 77070					
		Employer (Cool Instructions			
tie (See instructions)		Employer (See instructions	3)		
			—		
	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	* 50.00
					\$50.00
or address; City; State; Zi	ip Code				
TY 70070					
		Employer (See Instructions	\sum_{n}		
			3)		
	I				
	e of contributor or D.D., Shawn for address; City; State; Z Id, TX 76063 tle (See Instructions) e of contributor or D., Martin for address; City; State; Z h, TX 77058 tle (See Instructions) e of contributor or D.D., Paul for address; City; State; Z TX 77379 tle (See Instructions) e of contributor or D.D., Paul for address; City; State; Z TX 77379 tle (See Instructions) e of contributor or D.D., Paul for address; City; State; Z TX 77379 tle (See Instructions) e of contributor or D.D., Paul for address; City; State; Z TX 77379 tle (See Instructions) e of contributor or D.D., Paul for address; City; State; Z TX 77379 tle (See Instructions)	e of contributor	D.D., Shawn or address; City; State; Zip Code Id, TX 76063 tle (See Instructions) e of contributor out-of-state PAC (ID#:) D., Martin or address; City; State; Zip Code h, TX 77058 tle (See Instructions) e of contributor out-of-state PAC (ID#:) D.D., Paul or address; City; State; Zip Code TX 77379 tle (See Instructions) e of contributor out-of-state PAC (ID#:) D.D., Paul or address; City; State; Zip Code TX 77379 tle (See Instructions) e of contributor out-of-state PAC (ID#:) O.D., Paul or address; City; State; Zip Code TX 77379 tle (See Instructions) Employer (See Instructions) e of contributor out-of-state PAC (ID#:) O.D., Paul or address; City; State; Zip Code TX 77379 tle (See Instructions) Employer (See Instructions) e of contributor out-of-state PAC (ID#:) O.D., Stephanie or address; City; State; Zip Code h, TX 79070	a of contributor out-of-state PAC (ID#:	Sch: 42/00 Kpt: 43/05 3 Filer ID (Efficies Commission 00015622 a contributor out-of-state PAC (ID#

SCHEDULE	A1
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	The Instrue	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/60 Rpt: 46/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
L	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Raley O.D., Audrey				\$100.00
		6 Contributor address; City; State; Zip Code				
		New Braunfels, TX 78132				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Ramirez O.D., Angie	,		(1)	\$100.00
	00/20/2020	-				+_00.00
		Contributor address; City; State; Zip Code				
		Pharr, TX 78582				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Ramirez O.D., Juan				\$100.00
		Mission, TX 78573				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Ramirez-Shank O.D., Diane	/			\$50.00
		Contributor address; City; State; Zip Code				
		contributor address, ony, state, zip code				
		San Antonio, TX 78232				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist	, , , , , , , , , , , , , , , , , , ,		,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Ratcliff O.D., Reagan)			\$50.00
					\$50.00	
		Contributor address; City; State; Zip Code				
		Friendswood, TX 77546				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ı;)		
	Optometrist	. ,				
⊢						

SCHEDULE	A1
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	The Instruc	ction Guide explains how to compl	lete this fo	rm.	1	Total pages Schedule A1: Sch: 44/60 Rpt: 47/65	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC				00015622	,
4	Date	5 Full name of contributor 🗌 out-of-sta	ate PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Reneau O.D., Aaron					\$100.00
		6 Contributor address; City; State; Zip Code	e				
		Kingwood, TX 77345					
8		pation / Job title (See Instructions)	ę	B Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor 🛛 out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Reynolds O.D., Samantha					\$52.00
		Contributor address; City; State; Zip Code	le				
		l					
		Haslet, TX 76052					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor 🛛 out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Robertson O.D., Reid					\$50.00
		Contributor address; City; State; Zip Code	e				
		Allen, TX 75013					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor 🛛 out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Robertson O.D., Reid					\$100.00
		Contributor address; City; State; Zip Code	e				
		Allen, TX 75013					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
F	Date	Full name of contributor 🛛 out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Robinson O.D., Beth					\$100.00
		Contributor address; City; State; Zip Code	e				
		Friendswood, TX 77546					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
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	The Instru	ction Guide explains how	<i>ı</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 45/60 Rpt: 48/65	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/15/2025	Robinson O.D., Nathaniel					\$100.00
		6 Contributor address; City; Sta	tate; Zip Code		1		
		Lufkin, TX 75904					
8		pation / Job title (See Instructions)	;)	9 Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	03/15/2025	Rodriguez O.D., Jaime					\$50.00
		Contributor address; City; Sta			1		
		Weslaco, TX 78596					
		pation / Job title (See Instructions)	j)	Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	03/15/2025	Rojas O.D., Luis					\$100.00
		Contributor address; City; Sta			1		
		Dallas, TX 75204		1			
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/15/2025	Rosemore O.D., Corey					\$20.20
		Contributor address; City; Sta]		
		Frisco, TX 75035					
	Drincinal Occu	pation / Job title (See Instructions)	-1	Employer (See Instructions	<u> </u>		
	Optometrist		y		>)		
	-			<u> </u>	<u>г</u>	t ······t -f Ο- atribution (Φ)	
	Date 03/15/2025	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	ቀደብ በበ
	03/15/2025	Rosemore O.D., Ryan					\$50.00
		Contributor address; City; Sta	ate; Zip Code				
		Frisco, TX 75033					
	Principal occu	pation / Job title (See Instructions)	<u></u>	Employer (See Instructions	<u>ו</u>		
	Optometrist)		2)		
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SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 46/60 Rpt: 49/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor				00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Salchak O.D., Robert				\$100.00
l		6 Contributor address; City; State; Zip Code				
		Sugarland, TX 77479				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Sandberg O.D., Kyle				\$50.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78229				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Sappington O.D., Amanda				\$50.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79119				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Sawhney O.D., Dimple				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78723				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Scasta O.D., Tracey				\$100.00
		Contributor address; City; State; Zip Code				
		College Station, TX 77840				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 47/60 Rpt: 50/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Segu O.D., Pat	/			\$50.00
		6 Contributor address; City; State; Zip Code				
		Missouri City, TX 77459				
8	Principal occu	-	9 Employer (See Instructions	<u>լ</u> ։)		
ľ	Optometrist			,		
╞	-			<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	± 100.00
	03/15/2025	Shandley O.D., Brian				\$400.00
		Contributor address; City; State; Zip Code				
		Lake Jackson, TX 77566				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Shannon O.D., Bridget				\$50.00
		Contributor address; City; State; Zip Code		1		
		Frisco, TX 75035				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Shauger O.D., Susan	······································			\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78727				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist					
╞	Date	Full name of contributor out-of-state PAC (ID#:	\ \		Amount of Contribution (\$)	
	03/15/2025	Full name of contributor out-of-state PAC (ID#: Shidlofsky O.D., Charles)		Amount of Contribution (\$)	\$50.00
	03/13/2023					Φ30.00
		Contributor address; City; State; Zip Code				
		Diana TX 75024				
┡	Deinstrad	Plano, TX 75024		<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 48/60 Rpt: 51/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-	Texas Optor	netric PAC			00015622	11 110.07
4	Date 03/15/2025	5 Full name of contributor out-of-state PAC (ID#: Sianghio O.D., Leyden)	7	Amount of Contribution (\$)	\$20.20
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78255				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Sitterle O.D., Scott				\$100.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78247				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Smith O.D., Cameron				\$100.00
		Contributor address; City; State; Zip Code				
		Mansfield, TX 76063				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	·)		Amount of Contribution (\$)	
	03/15/2025	Sorrenson O.D., Laurie				\$500.00
		Contributor address; City; State; Zip Code		1		
		Cedar Park, TX 78613				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Sosa O.D., Virginia				\$100.00
		Contributor address; City; State; Zip Code]		
		Uvalde, TX 78801				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

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	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 49/60 Rpt: 52/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	ŕ
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Soto O.D., Nichole				\$100.00
		6 Contributor address; City; State; Zip Code				
		Rockport, TX 78382				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/15/2025	Soto O.D., Nichole				\$100.00
		Contributor address; City; State; Zip Code				
		Rockport, TX 78382				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Stephens O.D., Nancy				\$20.20
		Contributor address; City; State; Zip Code				
		Pearland, TX 77581				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Steven O.D., Kurtin				\$200.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75252				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Strickland O.D., Clipper				\$20.20
		Contributor address; City; State; Zip Code				
		Big Spring, TX 79720				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Optometrist					
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	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 50/60 Rpt: 53/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Strong O.D., Jane				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Cypress, TX 77419				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:	·)		Amount of Contribution (\$)	
	03/15/2025	Sturm O.D., Mark				\$50.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78749				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Sullivan O.D., Mitchell				\$5.00
		Carrollton, TX 75006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Taylor O.D., Alicia				\$5.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75243				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/15/2025	Taylor O.D., Erin				\$100.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79110				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
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	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 51/60 Rpt: 54/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC			00015622	
4	Date 03/15/2025	5 Full name of contributor Out-of-state PAC Terrell O.D., Jenny	(ID#:)	7	Amount of Contribution (\$)	\$50.00
		6 Contributor address; City; State; Zip Code				
		Hurst, TX 76054				
8	Principal occu Optometrist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC	: (ID#:)	Τ	Amount of Contribution (\$)	
	03/15/2025	Thames O.D., Lacey				\$50.00
		Contributor address; City; State; Zip Code				
		Hutto, TX 78634				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor 🔲 out-of-state PAC	(ID#:)	Τ	Amount of Contribution (\$)	
	03/15/2025	Thames O.D., Lacey				\$50.00
		Contributor address; City; State; Zip Code Hutto, TX 78634				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	T	Amount of Contribution (\$)	
	03/15/2025	Thomas O.D., Jack				\$100.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79109				
	Principal occu Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC	; (ID#:)	Τ	Amount of Contribution (\$)	
	03/15/2025	Thomas O.D., Jeff				\$50.00
		Contributor address; City; State; Zip Code				
		Melissa, TX 75454				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Optometrist					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 52/60 Rpt: 55/65	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Texas Optor	netric PAC		00015622	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/15/2025	Thompson O.D., Melanie			\$100.00
	6 Contributor address; City; State; Zip Code			
	Amarillo, TX 79109			
-	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	±
03/15/2025				\$100.00
	Contributor address; City; State; Zip Code			
	Longview, TX 75605			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Optometrist		Employer (eee measure,)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/15/2025	Tovias O.D., Mayra	/		\$100.00
00/10/2020				Ψ100.0C
	Santa Fe, TX 77510			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/15/2025	Tran O.D., Anthony			\$100.00
	Contributor address; City; State; Zip Code			
Deir sinal ages	Dallas, TX 75206		、	
·	pation / Job title (See Instructions)	Employer (See Instructions))	
Optometrist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	* 00.00
03/15/2025	Tran O.D., Jessica			\$20.20
	Contributor address; City; State; Zip Code			
	Austin, TX 78759			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Optometrist)	
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 53/60 Rpt: 56/65
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Optor	netric PAC		00015622
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/15/2025	Tran O.D., Joshua		\$5.20
	6 Contributor address; City; State; Zip Code		
	Richmond, TX 77407		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
Optometrist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/15/2025	Tran O.D., Lori		\$200.00
	Contributor address; City; State; Zip Code		
	Plano, TX 75024		
	pation / Job title (See Instructions)	Employer (See Instructions)
Optometrist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/15/2025	Tran O.D., Toan		\$50.00
	Contributor address; City; State; Zip Code		
	Carrollton, TX 75010	· · · · · · · · ·	
	ipation / Job title (See Instructions)	Employer (See Instructions)
Optometrist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/15/2025	Trichel O.D., Jessica		\$20.20
	Contributor address; City; State; Zip Code		
	Texarkana, TX 75503		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	N .
Optometrist	,)
		\	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/15/2025	Trinh O.D., Kim		\$50.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78728		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)
Optometrist			,

	The Instruc	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 54/60 Rpt: 57/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/15/2025	Tupa O.D., Faye				\$50.00
		6 Contributor address; City; State; Zip Code		\cdot		
	ļ					
	ļ					
	ļ	Ganado, TX 77962				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Optometrist	1				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Turner O.D., Kimberly				\$100.00
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		San Antonio, TX 78258				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Twa O.D., Michael				\$50.00
	P	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Houston, TX 77019				
	-	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	03/15/2025	Tybor O.D., David				\$400.00
	ļ	Contributor address; City; State; Zip Code]		
	ļ					
	ļ	A				
	Driveinel eeu	Austin, TX 78749		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist		<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷00.00
	03/15/2025	Tybor O.D., John				\$20.20
		Contributor address; City; State; Zip Code				
	ļ					
	ļ	Austin TV 79746				
	Drizsingl oppu	Austin, TX 78746	Employer (Coo Instructions	<u> </u>		
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 55/60 Rpt: 58/65
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Opton	netric PAC		00015622
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	03/15/2025	Upchurch O.D., Alan		\$50.00
	ļ	6 Contributor address; City; State; Zip Code		·
	ļ			
	ļ			
		McKinney, TX 75070		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/15/2025	Urizar O.D., Jocelyn		\$50.00
		Contributor address; City; State; Zip Code		1
		Houston, TX 77077		
		pation / Job title (See Instructions)	Employer (See Instructions	s)
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/15/2025	Vasquez O.D., Celina		\$50.00
	1	Contributor address; City; State; Zip Code		1
	ļ			
		Palmview, TX 78572		
		pation / Job title (See Instructions)	Employer (See Instructions	s)
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/15/2025	Vasquez O.D., Celina		\$50.00
	}	Contributor address; City; State; Zip Code		
	ľ			
	ł			
		Palmview, TX 78572		
		pation / Job title (See Instructions)	Employer (See Instructions	S)
	Optometrist			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/15/2025	Vaughn O.D., Jamel		\$50.00
	ļ	Contributor address; City; State; Zip Code		
	ł			
	ł			
		Lubbock, TX 79416	<u> </u>	
		pation / Job title (See Instructions)	Employer (See Instructions	S)
	Optometrist			

	The Instru	ction Guide explains how to comp	lete this forn	n.	1	Total pages Schedule A1: Sch: 56/60 Rpt: 59/65	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	
4	Date 03/15/2025	5 Full name of contributor out-of-sta Vorster O.D., Edward	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$400.00
			le				
		Silsbee, TX 77656					
8	Principal occu Optometrist	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date	Full name of contributor 🛛 out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Wagner O.D., Troy					\$200.00
		Contributor address; City; State; Zip Cod	le				
		The Woodlands, TX 77382					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date		ate PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Walters O.D., Mary Kate					\$104.00
		Contributor address; City; State; Zip Cod Fort Worth, TX 76008	IE				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Warstler O.D., Ashley					\$50.00
		Contributor address; City; State; Zip Cod	le				
		Houston, TX 77042					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist						
	Date	Full name of contributor 🔲 out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Way O.D., David					\$200.00
		Contributor address; City; State; Zip Cod	le				
		Spring, TX 77379					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Optometrist				,		
_							

	The Instru	ction Guide explains how to com	plete this fo	vrm.	1	Total pages Schedule A1: Sch: 57/60 Rpt: 60/65	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Optor	netric PAC				00015622	-
4	Date	5 Full name of contributor	state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/15/2025	Wedel O.D., Karl	·	· · · · · · · · · · · · · · · · · · ·			\$100.00
		6 Contributor address; City; State; Zip C	ode				
			buc				
		Cleburne, TX 76033					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u>ا</u> ;)		
	Optometrist				,		
⊢		Full name of contributor			<u> </u>	Amount of Contribution (ft)	
	Date		state PAC (ID#:)		Amount of Contribution (\$)	¢E2.00
	03/15/2025	Wei O.D., Deborah					\$52.00
		Contributor address; City; State; Zip C	ode				
		Diana TX 75024					
	<u> </u>	Plano, TX 75024			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	West O.D., Jacob					\$100.00
		Contributor address; City; State; Zip C	ode		1		
		Flint, TX 75762					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
	Date	Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Wiechmann O.D., Alexandra					\$20.20
		Contributor address; City; State; Zip C	ode				
		San Antonio, TX 78209					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist						
⊨	Date	Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Wild O.D., Tristan					\$100.00
	00/10/2020						Ψ100.00
		Contributor address; City; State; Zip C	ode				
		Austin, TX 78730					
⊢	Dringing occu	pation / Job title (See Instructions)	I	Employor (See Instructions	<u> </u>		
	Optometrist			Employer (See Instructions	"		
⊢	optometrist						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 58/60 Rpt: 61/65	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Opton	netric PAC			00015622	,
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/15/2025	Wilken O.D., Bret				\$50.00
	I	6 Contributor address; City; State; Zip Code		1		
		Coppell, TX 75019				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Williams O.D., Bryan				\$20.20
	I	Contributor address; City; State; Zip Code		1		
		Dallas, TX 75226				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Williams O.D., James				\$50.00
	I	Contributor address; City; State; Zip Code		1		
		Joplin, MO 64804				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/15/2025	Wilson O.D., Kent				\$100.00
		Contributor address; City; State; Zip Code				
		Town TV 75160				
	Drinsipal appr	Terrell, TX 75160	Employer (Coo Instructions			
	Optometrist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	-		<u> </u>	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷=2.00
	03/15/2025	Wong O.D., Veronica				\$50.00
		Contributor address; City; State; Zip Code				
		Vingwood TV 77000				
		Kingwood, TX 77339		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Optometrist					

The Instru	ction Guide explains how to comp	lete this form.		es Schedule A1: 60 Rpt: 62/65	
2 FILER NAME			3 Filer ID ((Ethics Commissio	n Filers)
Texas Optor	netric PAC		00015622	2	
4 Date 03/15/2025	5 Full name of contributor out-of-sta Wright O.D., David	ate PAC (ID#:)	7 Amount of	Contribution (\$)	\$200.00
		le			
	Seminole, TX 79360				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	s)		
Optometrist					
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of	Contribution (\$)	
03/15/2025	Wright O.D., Lance				\$100.00
	Contributor address; City; State; Zip Cod	le			
	Seminole, TX 79360				
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instruction	I S)		
Optometrist	•		,		
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of	Contribution (\$)	
03/15/2025	Yates O.D., Ashleigh	ale FAC (ID#,	Fundant 5.		\$10.40
00,10,2020	Contributor address; City; State; Zip Cod	J_			Ψ10
		л с			
	San Antonio, TX 78247				
	pation / Job title (See Instructions)	Employer (See Instruction	s)		
Optometrist					
Date	Full name of contributor 🔲 out-of-sta	ate PAC (ID#:)	Amount of	Contribution (\$)	
03/15/2025	Yee O.D., Jamie				\$100.00
	Contributor address; City; State; Zip Cod	le			
	· · ·				
	Dallas, TX 75033				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
Optometrist					
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of	Contribution (\$)	
03/15/2025	Yeh O.D., Shihwei	·			\$50.00
	Contributor address; City; State; Zip Cod	le			
	Frisco, TX 75035				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructior	s)		
Optometrist					
		I			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 60/60 Rpt: 63/65 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **Texas Optometric PAC** 00015622 5 Full name of contributor 4 Amount of Contribution (\$) Date out-of-state PAC (ID#: 7 03/15/2025 \$104.00 Yousef O.D., Deliah 6 Contributor address; City; State; Zip Code Austin, TX 78746 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Optometrist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)) 03/15/2025 \$20.20 Zhang O.D., Joyce Contributor address; City; State; Zip Code San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Optometrist

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt:	Texas Optometric PAC	00015622
Date 03/06/2025	5 Payee name Authorize.net	
Amount (\$) 68.48	7 Payee Address; City; State; Zip 808 E Utah Valley Dr	
corporate funds	American Fork, UT 84003	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 03/05/2025	Payee name	
	Carriage House Partners	
Amount (\$) 6,250.00	Payee Address; City; State; Zip 5502 Hidden Trails	
Expenditure from corporate funds	Arlington, TX 76017	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Lobbyist
Date	Payee name	
03/08/2025	Clem, Mike	
Amount (\$) 1,025.96 — Expenditure from	Payee Address; City; State; Zip 10155 Shadyview	
x corporate funds	Dallas, TX 75238	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date	Payee name	
03/25/2025	Paypal	
Amount (\$)	Payee Address; City; State; Zip 2211 North First Street	
465.11 Expenditure from corporate funds	San Jose, CA 95131	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) 1 Total pages Schedule I: 3 **Texas Optometric PAC** 00015622 Sch: 2/2 Rpt: 4 Date 5 Payee name 03/24/2025 **QuickBooks Payments** Amount (\$) Payee Address; City; State; Zip 6 7 2632 Marine Way 666.44 Expenditure from X corporate funds Mountain View, CA 94043 (a) Category (See instructions for examples of acceptable categories) (b) Description 8 PURPOSE (See instructions regarding type of information required.) OF EXPENDITURE Accounting/Banking Accounting Services & Bank Fees

SCHEDULE |