

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 (Ethics Commission Filers) 00015622		2 Total pages filed: 61	
3 COMMITTEE NAME Texas Optometric PAC				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 06/03/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 3011 N. Lamar Ste 300 Austin, TX 78705				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Brenda J. NICKNAME LAST SUFFIX BJ Avery				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3011 N. Lamar Ste 300 Austin, TX 78705				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 707-2020				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input checked="" type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04/26/2025 05/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Texas Optometric PAC		13 Filer ID (Ethics Commission Filers) 00015622
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,976.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 320,200.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Brenda J. Avery

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Texas Optometric PAC		18 Filer ID (Ethics Commission Filers) 00015622
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26,976.40
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,671.23
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/56 Rpt: 4/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta O.D., Celeste <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander O.D., Lindsey <hr/> Contributor address; City; State; Zip Code Sunnyvale, TX 75182	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali O.D., Mohsan <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen O.D., Mark <hr/> Contributor address; City; State; Zip Code Atlanta, TX 75551	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison O.D., Joseph <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/56 Rpt: 5/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altig O.D., William 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amador O.D., Nancy Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amin O.D., Opal Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amir O.D., Nancy Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson O.D., Vanessa Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/56 Rpt: 6/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annunziato O.D., Tom <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76008	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arora O.D., Rajan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75227	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barajas O.D., Juan <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barajas O.D., Juan <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber O.D., Matt <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76116-5525	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/56 Rpt: 7/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes O.D., Sophia <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barraza O.D., Jessica <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera O.D., Enedelia <hr/> Contributor address; City; State; Zip Code Pharr, TX 78577	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bashover O.D., Matthew <hr/> Contributor address; City; State; Zip Code Arlington, TX 76011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bate O.D., Joy <hr/> Contributor address; City; State; Zip Code Haslet, TX 76052	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/56 Rpt: 8/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernay O.D., Deborah <hr/> 6 Contributor address; City; State; Zip Code La Porte, TX 77571	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhaga O.D., Sheetal <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bock O.D., Matthew <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brending O.D., Gabrielle <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinegar O.D., Vaughn <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/56 Rpt: 9/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brochetti O.D., Brenda <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75075	7 Amount of Contribution (\$) \$20.20
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard O.D., Wendy <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownlee O.D., Chris <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan O.D., Mai <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bui O.D., Thoai <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/56 Rpt: 10/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burket O.D., Caitlin <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78552	7 Amount of Contribution (\$) \$5.20
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler O.D., W <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell O.D., Megan <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cargo O.D., Jon <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castleberry O.D., Kim <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/56 Rpt: 11/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catuncan O.D., Jennifer <hr/> 6 Contributor address; City; State; Zip Code Bedford, TX 76022	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celico O.D., Brian <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerda O.D., Juan <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang O.D., Sarah <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen O.D., Alexander <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/56 Rpt: 12/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherry O.D., Brian <hr/> 6 Contributor address; City; State; Zip Code Ft Worth, TX 76137	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheyne O.D., Chris <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheyne O.D., Chris <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu O.D., Victoria <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb O.D., James <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79107	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/56 Rpt: 13/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coble O.D., John <hr/> 6 Contributor address; City; State; Zip Code Greenville, TX 75401	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston O.D., Ben <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conley O.D., Alex <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76131	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contaldi O.D., Mario <hr/> Contributor address; City; State; Zip Code N. Richland Hills, TX 76180	Amount of Contribution (\$) \$104.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conte O.D., Michael <hr/> Contributor address; City; State; Zip Code Lake Worth, TX 76135	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/56 Rpt: 14/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan O.D., Steve 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox O.D., Adam Contributor address; City; State; Zip Code Atlanta, TX 75551	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culbertson O.D., Wayne Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabney O.D., Brandon Contributor address; City; State; Zip Code Amarillo, TX 79102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dang O.D., Thuyhong Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/56 Rpt: 15/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dao O.D., Mavis 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David O.D., Ashley Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis O.D., Mark Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn O.D., Rakich Contributor address; City; State; Zip Code San Antonio, TX 78215	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn O.D., Rakich Contributor address; City; State; Zip Code San Antonio, TX 78215	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/56 Rpt: 16/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Jr O.D., Bob 6 Contributor address; City; State; Zip Code Garland, TX 75041	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLoach O.D., Joe Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeMaggio O.D., Julie Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeShaw O.D., Jonathan Contributor address; City; State; Zip Code Garland, TX 75042	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deakins O.D., Jennifer Contributor address; City; State; Zip Code Fort Worth, TX 76135	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/56 Rpt: 17/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delay O.D., Richard <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78015	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delk O.D., Kyle <hr/> Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis O.D., Keith <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz O.D., Yvonne <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78541	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinh O.D., David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/56 Rpt: 18/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolce O.D., Jackson <hr/> 6 Contributor address; City; State; Zip Code Port Neches, TX 77651	7 Amount of Contribution (\$) \$5.20
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunnigan O.D., Shawn <hr/> Contributor address; City; State; Zip Code Lumberton, TX 77657	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duong O.D., Nghiem <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis O.D., John <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ermis O.D., Keith <hr/> Contributor address; City; State; Zip Code Wharton, TX 77488	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/56 Rpt: 19/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ezzell O.D., Steven <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fandry O.D., Ellen <hr/> Contributor address; City; State; Zip Code seabrook, TX 77586	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feeser O.D., Michael <hr/> Contributor address; City; State; Zip Code Huntingtown, MD 20639	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleitman O.D., Cynthia <hr/> Contributor address; City; State; Zip Code Gainesville, TX 76240	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores O.D., Amador <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/56 Rpt: 20/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortenberry O.D., Sandra <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamini O.D., Safi <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia Holle O.D., Laura <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia O.D., Claudia <hr/> Contributor address; City; State; Zip Code Houston, TX 77081	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza O.D., Janet <hr/> Contributor address; City; State; Zip Code Houston, TX 77064	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/56 Rpt: 21/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee O.D., Kevin 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson O.D., David Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham Hayter O.D., Paul Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray O.D., David Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray O.D., Jeannie Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/56 Rpt: 22/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greeman III O.D., Nelson 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greeman O.D., Kevin Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green O.D., Leigh Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene O.D., Matthew Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenstein O.D., Karena Contributor address; City; State; Zip Code Dallas, TX 75216	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/56 Rpt: 23/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall O.D., Jamie <hr/> 6 Contributor address; City; State; Zip Code Wills Point, TX 75169	7 Amount of Contribution (\$) \$20.20
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond O.D., Deanna <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond O.D., Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson O.D., Mark <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper O.D., Ellener <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76131	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/56 Rpt: 24/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart O.D., Peggy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77079	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey O.D., Cameo <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawari O.D., Andy <hr/> Contributor address; City; State; Zip Code Mineola, TX 75773	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins O.D., Heidi <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heeg O.D., Paul <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/56 Rpt: 25/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hejny O.D., Whitney <hr/> 6 Contributor address; City; State; Zip Code Miles, TX 76861	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helbert-Green O.D., Carolyn <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry O.D., Amy <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang O.D., Bao <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang O.D., Kathy <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/56 Rpt: 26/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopping O.D., Ron <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchins O.D., Jaclyn <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh O.D., Hieu <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob O.D., Erin <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78664	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johle O.D., Sarah <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/56 Rpt: 27/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson O.D., Murray 6 Contributor address; City; State; Zip Code Dallas, TX 75287	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones O.D., Jeffrey Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan O.D., Emily Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karanges O.D., Gayle Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly O.D., Shawn Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/56 Rpt: 28/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp O.D., Robert <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77015-2310	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight O.D., Millicent <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kocian O.D., Larry <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$104.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kodukula O.D., Dipa <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuder O.D., Bryan <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/56 Rpt: 29/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagunas O.D., Claudio <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77382	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lam O.D., Sean <hr/> Contributor address; City; State; Zip Code Houston, TX 77075	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert O.D., Sawyer <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry O.D., Gunnell <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Anne <hr/> Contributor address; City; State; Zip Code Houston, TX 77072	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/56 Rpt: 30/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Hoan <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 76135	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Kevin <hr/> Contributor address; City; State; Zip Code Houston, TX 77054	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Lisa <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linh O.D., Linh <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lou O.D., Oliver <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/56 Rpt: 31/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas O.D., Thomas <hr/> 6 Contributor address; City; State; Zip Code Harker Heights, TX 76548	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mai O.D., Kelly <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado O.D., Michael <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado O.D., Nicole <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maredia O.D., Nazia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78504	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/56 Rpt: 32/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin O.D., Michal <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78735	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters O.D., Trishna <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty O.D., Dennis <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClain O.D., Christos <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormick O.D., Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/56 Rpt: 33/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCown O.D., Joshua <hr/> 6 Contributor address; City; State; Zip Code Gatesville, TX 76528	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel O.D., Stephen <hr/> Contributor address; City; State; Zip Code DallaS, TX 75208	Amount of Contribution (\$) \$104.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan O.D., Joseph <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78748-1051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPherson O.D., Kimberly <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Means O.D., Stephen <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77340	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/56 Rpt: 34/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery O.D., Brandi <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon O.D., Debra <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore O.D., Tory <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mora O.D., David <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morozco O.D., Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/56 Rpt: 35/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mozdbar O.D., Sima 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$20.20
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson O.D., Kevin Contributor address; City; State; Zip Code Melissa, TX 75454	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murrell O.D., Jessica Contributor address; City; State; Zip Code Spring, TX 77002	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman O.D., Clarke Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton O.D., Ronald Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

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2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Hai <hr/> 6 Contributor address; City; State; Zip Code Portland, TX 78374	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Jenifer <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Quan <hr/> Contributor address; City; State; Zip Code Houston, TX 77072	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Steve <hr/> Contributor address; City; State; Zip Code Dallas, TX 75224	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Thai-An <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

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2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Tu <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77429	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Vicki <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols O.D., Brian <hr/> Contributor address; City; State; Zip Code Mt Pleasant, TX 75455	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien O.D., Lisa <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ousley O.D., Bruce <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park O.D., Jon 6 Contributor address; City; State; Zip Code Irving, TX 75063	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pass O.D., Hulon Contributor address; City; State; Zip Code Fort Stockton, TX 79735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pass O.D., Joshua Contributor address; City; State; Zip Code Fort Stockton, TX 79735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Ajay Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Hiten Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/56 Rpt: 39/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Neha <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Nimisha <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Samir <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick O.D., Carey <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena O.D., Benny <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/56 Rpt: 40/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pepin O.D., Allison <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez O.D., Elizabeth <hr/> Contributor address; City; State; Zip Code Beeville, TX 78102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson O.D., Christopher <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson O.D., Savannah <hr/> Contributor address; City; State; Zip Code Webster, TX 77598	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip O.D., Blessy <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/56 Rpt: 41/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips O.D., Jeff <hr/> 6 Contributor address; City; State; Zip Code Texarkana, TX 75503	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce O.D., Jordan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76177	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillai O.D., Anith <hr/> Contributor address; City; State; Zip Code Sugarland, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poole O.D., Mohan <hr/> Contributor address; City; State; Zip Code Marble Falls, TX 78654	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prapta O.D., Shawn <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/56 Rpt: 42/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prati O.D., Martin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77058	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proske O.D., Paul <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proske O.D., Paul <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulpan O.D., Stephanie <hr/> Contributor address; City; State; Zip Code Perryton, TX 79070	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez O.D., Juan <hr/> Contributor address; City; State; Zip Code Mission, TX 78573	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/56 Rpt: 43/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez-Shank O.D., Diane <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratcliff O.D., Reagan <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reneau O.D., Aaron <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds O.D., Samantha <hr/> Contributor address; City; State; Zip Code Haslet, TX 76052	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson O.D., Reid <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/56 Rpt: 44/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson O.D., Reid <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson O.D., Beth <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson O.D., Nathaniel <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez O.D., Jaime <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78596	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rojas O.D., Luis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/56 Rpt: 45/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemore O.D., Corey 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$20.20
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemore O.D., Ryan Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salchak O.D., Robert Contributor address; City; State; Zip Code Sugarland, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandberg O.D., Kyle Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sappington O.D., Amanda Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/56 Rpt: 46/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawhney O.D., Dimple <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segu O.D., Pat <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shandley O.D., Brian <hr/> Contributor address; City; State; Zip Code Lake Jackson, TX 77566	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon O.D., Bridget <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shauger O.D., Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/56 Rpt: 47/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shidlofsky O.D., Charles <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sianghio O.D., Leyden <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sitterle O.D., Scott <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith O.D., Cameron <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorrenson O.D., Laurie <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/56 Rpt: 48/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosa O.D., Virginia <hr/> 6 Contributor address; City; State; Zip Code Uvalde, TX 78801	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto O.D., Nichole <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens O.D., Nancy <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven O.D., Kurtin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland O.D., Clipper <hr/> Contributor address; City; State; Zip Code Big Spring, TX 79720	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/56 Rpt: 49/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong O.D., Jane <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77419	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturm O.D., Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan O.D., Mitchell <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor O.D., Alicia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor O.D., Erin <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/56 Rpt: 50/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrell O.D., Jenny <hr/> 6 Contributor address; City; State; Zip Code Hurst, TX 76054	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terwilliger O.D., Josey <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thames O.D., Lacey <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas O.D., Jack <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas O.D., Jeff <hr/> Contributor address; City; State; Zip Code Melissa, TX 75454	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/56 Rpt: 51/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson O.D., Melanie 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton O.D., Kristofer Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tovias O.D., Mayra Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Anthony Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Jessica Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/56 Rpt: 52/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Joshua <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77407	7 Amount of Contribution (\$) \$5.20
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Lori <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Toan <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trichel O.D., Jessica <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trinh O.D., Kim <hr/> Contributor address; City; State; Zip Code Austin, TX 78728	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/56 Rpt: 53/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tupa O.D., Faye 6 Contributor address; City; State; Zip Code Ganado, TX 77962	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner O.D., Kimberly Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twa O.D., Michael Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tybor O.D., David Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tybor O.D., John Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/56 Rpt: 54/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upchurch O.D., Alan <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75070	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urizar O.D., Jocelyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez O.D., Celina <hr/> Contributor address; City; State; Zip Code Palmview, TX 78572	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez O.D., Celina <hr/> Contributor address; City; State; Zip Code Palmview, TX 78572	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn O.D., Jamel <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79416	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/56 Rpt: 55/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vorster O.D., Edward <hr/> 6 Contributor address; City; State; Zip Code Silsbee, TX 77656	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner O.D., Troy <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters O.D., Mary Kate <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76008	Amount of Contribution (\$) \$104.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warstler O.D., Ashley <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Way O.D., David <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/56 Rpt: 56/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weedman O.D., Audrey <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wei O.D., Deborah <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West O.D., Jacob <hr/> Contributor address; City; State; Zip Code Flint, TX 75762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiechmann O.D., Alexandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild O.D., Tristan <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/56 Rpt: 57/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilken O.D., Bret 6 Contributor address; City; State; Zip Code Coppell, TX 75019	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams O.D., Bryan Contributor address; City; State; Zip Code Dallas, TX 75226	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams O.D., James Contributor address; City; State; Zip Code Joplin, MO 64804	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson O.D., Kent Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong O.D., Veronica Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/56 Rpt: 58/61
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright O.D., David <hr/> 6 Contributor address; City; State; Zip Code Seminole, TX 79360	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright O.D., Lance <hr/> Contributor address; City; State; Zip Code Seminole, TX 79360	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates O.D., Ashleigh <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$10.40
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yee O.D., Jamie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75033	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeh O.D., Shihwei <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 56/56 Rpt: 59/61

2 FILER NAME

Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

4 Date

05/15/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Zhang O.D., Joyce

7 Amount of Contribution (\$)

\$20.20

6 Contributor address; City; State; Zip Code

San Antonio, TX 78209

8 Principal occupation / Job title (See Instructions)

Optometrist

9 Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/07/2025	5 Payee name Authorize.net	
6 Amount (\$) 73.81 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 808 E Utah Valley Dr American Fork, UT 84003	
8 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 05/12/2025	Payee name Carriage House Partners	
Amount (\$) 6,250.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Hidden Trails Arlington, TX 76017	
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 05/11/2025	Payee name Clem, Mike	
Amount (\$) 519.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 10155 Shadyview Dallas, TX 75238	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 05/25/2025	Payee name Paypal	
Amount (\$) 452.67 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Payment fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
4 Date 05/23/2025	5 Payee name QuickBooks Payments	
6 Amount (\$) 625.75 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2632 Marine Way Mountain View, CA 94043	
8 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 05/11/2025	Payee name TOA Facility	
Amount (\$) 750.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3011 N Lamar ste 300 Austin, TX 78705	
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