

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00062672	2 Total pages filed: 53
3 COMMITTEE NAME DOCPAC of Texas			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/09/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd.  Napa, CA 94558-0900		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Elizabeth NICKNAME LAST SUFFIX Healy		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd.  Napa, CA 94558-0900		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd.  Napa, CA 94558-0900		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (707) 226-0413		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> DOCPAC of Texas		<b>13 Filer ID</b> (Ethics Commission Filers) 00062672
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,239.91
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,156.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 186,624.85
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00
<b>16 AFFIDAVIT</b>  <p>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.</p> <p style="text-align: right;">Ms. Elizabeth Healy _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath</p>		

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 53

<b>17 COMMITTEE NAME</b> DOCPAC of Texas		<b>18 Filer ID</b> (Ethics Commission Filers) 00062672
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,239.91
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,156.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2,300.84

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/47 Rpt: 4/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 02/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABREU-LAWRENCE, CHARITY <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572-6615	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABREU-LAWRENCE, CHARITY <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572-6615	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AHMED, BISMA <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628-1290	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AHMED, BISMA <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628-1290	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHNAGAR, SAJJAD <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243-7159	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/47 Rpt: 5/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHNAGAR, SAJJAD <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75243-7159	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abo-Kayass, Ahmad Contributor address; City; State; Zip Code  Plano, TX 75075-7755	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abo-Kayass, Ahmad Contributor address; City; State; Zip Code  Plano, TX 75075-7755	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Timothy Contributor address; City; State; Zip Code  Benbrook, TX 76109-6961	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Timothy Contributor address; City; State; Zip Code  Benbrook, TX 76109-6961	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/47 Rpt: 6/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 01/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Shoaib <b>6</b> Contributor address; City; State; Zip Code  La Porte, TX 77571-6123	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Thomas Contributor address; City; State; Zip Code  Arlington, TX 76016-2525	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaya Grever, Iliana Contributor address; City; State; Zip Code  San Antonio, TX 78256-2495	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaya Grever, Iliana Contributor address; City; State; Zip Code  San Antonio, TX 78256-2495	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amir, Mohammad Contributor address; City; State; Zip Code  Richardson, TX 75082-4277	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/47 Rpt: 7/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 06/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amir, Mohammad <b>6</b> Contributor address; City; State; Zip Code Richardson, TX 75082-4277	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Dorian Contributor address; City; State; Zip Code McKinney, TX 75072-3308	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Dorian Contributor address; City; State; Zip Code McKinney, TX 75072-3308	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Miriam Contributor address; City; State; Zip Code Houston, TX 77096-4224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Miriam Contributor address; City; State; Zip Code Houston, TX 77096-4224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/47 Rpt: 8/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 01/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayyash, Noora <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212-2907	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayyash, Noora Contributor address; City; State; Zip Code  San Antonio, TX 78212-2907	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARAHONA, CELIA Contributor address; City; State; Zip Code  El Paso, TX 79938-4315	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELOCURA, JEROME Contributor address; City; State; Zip Code  Hobbs, NM 88240	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELOCURA, JEROME Contributor address; City; State; Zip Code  El Paso, TX 79936-3951	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/47 Rpt: 9/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 01/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagnabana, Lawkpezi <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056-4668	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagnabana, Lawkpezi Contributor address; City; State; Zip Code  Houston, TX 77056-4668	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessey, Christopher Contributor address; City; State; Zip Code  Cypress, TX 77433-7062	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessey, Christopher Contributor address; City; State; Zip Code  Cypress, TX 77433-7062	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhayani, Nikhil Contributor address; City; State; Zip Code  Colleyville, TX 76034-6317	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/47 Rpt: 10/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 06/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogdan, Michael <b>6</b> Contributor address; City; State; Zip Code Grapevine, TX 76051-8001	<b>7</b> Amount of Contribution (\$) \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brar DDS, Kamaljeet Contributor address; City; State; Zip Code Flower Mound, TX 75028-3251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brar DDS, Kamaljeet Contributor address; City; State; Zip Code Flower Mound, TX 75028-3251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CULVER, ABBY Contributor address; City; State; Zip Code Dallas, TX 75220-1814	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Javen Contributor address; City; State; Zip Code San Antonio, TX 78255-1041	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/47 Rpt: 11/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 05/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Javen <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78255-1041	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Cecilia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78705-3323	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Cecilia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78705-3323	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanana, Nitin <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-5908	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanana, Nitin <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-5908	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/47 Rpt: 12/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 02/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502-3356	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Brian <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502-3356	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronel, Nicholas <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023-5125	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronel, Nicholas <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023-5125	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIES, OLUWASEUN <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479-3707	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/47 Rpt: 13/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 03/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEHESHI, BENJAMIN <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3902	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 06/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEHESHI, BENJAMIN <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3902	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUNKIN, SANDRA <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602-3819	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUNLAP, WADE <hr/> Contributor address; City; State; Zip Code  Surprise, AZ 85374-9702	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deosarran, Kevin <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-1279	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/47 Rpt: 14/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 03/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshmukh, Shweta <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584-7418	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshmukh, Shweta <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584-7418	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuBois, Holly <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78218-6033	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuBois, Holly <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78218-6033	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, David <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75965-2912	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/47 Rpt: 15/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 03/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsherif, Ahmed <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77433-3404	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsherif, Ahmed <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433-3404	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAYE, JUSTIN <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007-4432	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERNANDEZ, EDGAR <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936-3836	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERNANDEZ, EDGAR <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936-3836	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/47 Rpt: 16/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 06/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fagan, Fallon <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584-2169	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faglie, Brad Contributor address; City; State; Zip Code  Decatur, TX 76234-5344	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faglie, Brad Contributor address; City; State; Zip Code  Decatur, TX 76234-5344	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulkner, Mathue Contributor address; City; State; Zip Code  Austin, TX 78759-7012	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Georgeanne Contributor address; City; State; Zip Code  Austin, TX 78703-4891	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/47 Rpt: 17/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Georgeanne <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-4891	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Deborah Contributor address; City; State; Zip Code  Dallas, TX 75230-2341	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Deborah Contributor address; City; State; Zip Code  Dallas, TX 75230-2341	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GADDAM, SATISH Contributor address; City; State; Zip Code  Frisco, TX 75035-0536	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GADDAM, SATISH Contributor address; City; State; Zip Code  Frisco, TX 75035-0536	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/47 Rpt: 18/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 02/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ramon <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212-4516	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ramon <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212-4516	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gromov, Irina <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-5311	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMMET, GEORGE <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212-2323	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEER, ARPIT <hr/> Contributor address; City; State; Zip Code  Irving, TX 75039-4242	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/47 Rpt: 19/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEER, ARPIT <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75039-4242	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HU, KEVIN <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60614-6068	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-4945	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Daniel <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746-4945	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasan, Saad <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010-1132	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/47 Rpt: 20/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 04/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasan, Saad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrollton, TX 75010-1132	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Connor <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76244-9464	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Sylvia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018-4428	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Sylvia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018-4428	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh, Thanh <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459-5154	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/47 Rpt: 21/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 05/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh, Thanh <hr/> <b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459-5154	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igun, Adetokunbo <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75070-6012	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igun, Adetokunbo <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75070-6012	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Nazrul <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750-3817	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Nazrul <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750-3817	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/47 Rpt: 22/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 02/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Tonjolique <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Hill, TX 75104-5551	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Tonjolique <hr/> Contributor address; City; State; Zip Code  Cedar Hill, TX 75104-5551	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Peter <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77380-1179	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KANTAMNENI, SYLAZA <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75035-7765	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KHAN, MD, ALI <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75050	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/47 Rpt: 23/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 05/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KHAN, MD, ALI <hr/> <b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75050	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 06/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KURIAKOSE, AJITH <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77701-4680	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalish, Raime <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-2531	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalish, Raime <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-2531	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krishnan, Vijay <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706-7152	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/47 Rpt: 24/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 02/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubista, Nikolaus <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78006-0892	<b>7</b> Amount of Contribution (\$)  \$66.67
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubista, Nikolaus <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006-0892	Amount of Contribution (\$)  \$66.66
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LE, ROGER <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-3832	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laboy Vazquez, Wilfredo <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080-4302	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laboy Vazquez, Wilfredo <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080-4302	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/47 Rpt: 25/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawhorn, Janet <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75240-6402	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawhorn, Janet Contributor address; City; State; Zip Code  Dallas, TX 75240-6402	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawhorn, Janet Contributor address; City; State; Zip Code  Dallas, TX 75240-6402	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawhorn, Janet Contributor address; City; State; Zip Code  Dallas, TX 75240-6402	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawhorn, Janet Contributor address; City; State; Zip Code  Dallas, TX 75240-6402	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/47 Rpt: 26/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 06/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawhorn, Janet <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75240-6402	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Justina <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063-5476	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Justina <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063-5476	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livingston, Kenneth <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78131-1701	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livingston, Kenneth <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78131-1701	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/47 Rpt: 27/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 03/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYOR, ROBERTO <hr/> <b>6</b> Contributor address; City; State; Zip Code  Port Arthur, TX 77642	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCMAHAN, CODY <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657-4190	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCMAHAN, CODY <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657-4190	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDENHALL, BRIAN <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248-6807	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Suzanne <hr/> Contributor address; City; State; Zip Code  Denton, TX 76207-3441	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/47 Rpt: 28/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 06/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Suzanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76207-3441	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mascorro, Jeanna <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550-4818	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mascorro, Jeanna <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550-4818	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew, Biju <hr/> Contributor address; City; State; Zip Code  Garland, TX 75043-1147	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew, Biju <hr/> Contributor address; City; State; Zip Code  Garland, TX 75043-1147	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/47 Rpt: 29/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 03/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75605-6911	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, James <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605-6911	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melillo, Anthony <hr/> Contributor address; City; State; Zip Code  Houston, TX 77062	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melnikov, Vladimir <hr/> Contributor address; City; State; Zip Code  Plano, TX 75025-4459	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Steffi <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75071-1657	Amount of Contribution (\$)  \$66.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/47 Rpt: 30/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 04/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Steffi <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75071-1657	<b>7</b> Amount of Contribution (\$)  \$66.66
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Misick, Lofton Contributor address; City; State; Zip Code  Corpus Christi, TX 78404-1914	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Misick, Lofton Contributor address; City; State; Zip Code  Corpus Christi, TX 78404-1914	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Justin Contributor address; City; State; Zip Code  El Paso, TX 79925-3315	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Justin Contributor address; City; State; Zip Code  El Paso, TX 79925-3315	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/47 Rpt: 31/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 04/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jeremy <b>6</b> Contributor address; City; State; Zip Code  Waco, TX 76712-3804	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jeremy Contributor address; City; State; Zip Code  Waco, TX 76712-3804	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moszkowicz, Arie Contributor address; City; State; Zip Code  San Antonio, TX 78257-5081	Amount of Contribution (\$)  \$37.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moszkowicz, Arie Contributor address; City; State; Zip Code  San Antonio, TX 78257-5081	Amount of Contribution (\$)  \$37.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moszkowicz, Arie Contributor address; City; State; Zip Code  San Antonio, TX 78257-5081	Amount of Contribution (\$)  \$37.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/47 Rpt: 32/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 02/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOORMOHAMMADI, OMID <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401-5203	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOORMOHAMMADI, OMID <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546-2245	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NWOFOR, FLORENCE <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902-3309	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NWOFOR, FLORENCE <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902-3309	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nazarani, Mehboob <hr/> Contributor address; City; State; Zip Code  Houston, TX 77074-2041	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/47 Rpt: 33/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 06/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nazarani, Mehboob <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77074-2041	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen Vo, Giang Nam <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096-2502	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen Vo, Giang Nam <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096-2502	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nouredin, Mazen <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079-3011	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutis, Mario <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925-7647	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/47 Rpt: 34/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutis, Mario <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79925-7647	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obi, Somto Contributor address; City; State; Zip Code  Houston, TX 77051-2123	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obi, Somto Contributor address; City; State; Zip Code  Houston, TX 77051-2123	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, David Contributor address; City; State; Zip Code  Live Oak, TX 78233-3144	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, David Contributor address; City; State; Zip Code  Live Oak, TX 78233-3144	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/47 Rpt: 35/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 01/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odumusi, Kolawole <hr/> <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761-4605	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odumusi, Kolawole <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79761-4605	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogu, Uchechukwu <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479-7044	Amount of Contribution (\$)  \$66.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrinsky, Rina <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4472	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrinsky, Yevgeniy <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4472	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/47 Rpt: 36/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 03/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, LYNDAB <b>6</b> Contributor address; City; State; Zip Code  Taylor, TX 76574	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATEL, SANJAYKUMARB Contributor address; City; State; Zip Code  The Woodlands, TX 77384-4103	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATEL, SANJAYKUMARB Contributor address; City; State; Zip Code  The Woodlands, TX 77384-4103	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICHOT, MARKC Contributor address; City; State; Zip Code  San Antonio, TX 78209-5732	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICHOT, MARKC Contributor address; City; State; Zip Code  San Antonio, TX 78209-5732	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/47 Rpt: 37/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 06/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLK, HENRY <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78257-8209	<b>7</b> Amount of Contribution (\$)  \$180.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, William Contributor address; City; State; Zip Code  Conroe, TX 77304-1337	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, William Contributor address; City; State; Zip Code  Conroe, TX 77304-1337	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peng, Cong Contributor address; City; State; Zip Code  Pearland, TX 77584-8725	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peng, Cong Contributor address; City; State; Zip Code  Pearland, TX 77584-8725	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/47 Rpt: 38/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 01/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Doan <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77095-2753	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Doan Contributor address; City; State; Zip Code  Houston, TX 77095-2753	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George Contributor address; City; State; Zip Code  Sunnyvale, TX 75182-9382	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George Contributor address; City; State; Zip Code  Sunnyvale, TX 75182-9382	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBINSON, ADARE Contributor address; City; State; Zip Code  Dallas, TX 75214-2109	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/47 Rpt: 39/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 02/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajendran, Karthikayan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013-5335	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajendran, Karthikayan <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013-5335	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Nanditha <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-8335	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Nanditha <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-8335	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ren, Jiaying <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034-4095	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/47 Rpt: 40/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 06/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ren, Jiaying <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034-4095	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rixter, Davida Contributor address; City; State; Zip Code  Dallas, TX 75219-4774	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Caleigh Contributor address; City; State; Zip Code  New Braunfels, TX 78132-4736	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Caleigh Contributor address; City; State; Zip Code  New Braunfels, TX 78132-4736	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALEH, KAMRAN Contributor address; City; State; Zip Code  Parker, TX 75002-2879	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/47 Rpt: 41/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 06/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALEH, KAMRAN <hr/> <b>6</b> Contributor address; City; State; Zip Code  Parker, TX 75002-2879	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHOLES, ROBERT <hr/> Contributor address; City; State; Zip Code  Hondo, TX 78861-3534	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHOLES, ROBERT <hr/> Contributor address; City; State; Zip Code  Natalia, TX 78059-2323	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SISODIYA, KAMLESH <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sagullo, Raquel <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494-7862	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/47 Rpt: 42/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 06/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sagullo, Raquel <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494-7862	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandhu, Ravneetinder Contributor address; City; State; Zip Code  Highland Village, TX 75077-1833	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandhu, Ravneetinder Contributor address; City; State; Zip Code  Highland Village, TX 75077-1833	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwalm, Scott Contributor address; City; State; Zip Code  Van Alstyne, TX 75495-4390	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwalm, Scott Contributor address; City; State; Zip Code  Van Alstyne, TX 75495-4390	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/47 Rpt: 43/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 02/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sekhon, Shubkarman <hr/> <b>6</b> Contributor address; City; State; Zip Code  North Richland Hills, TX 76180-7856	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sekhon, Shubkarman <hr/> Contributor address; City; State; Zip Code  North Richland Hills, TX 76180-7856	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Syed <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78552-3229	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Asif <hr/> Contributor address; City; State; Zip Code  Austin, TX 78732-2089	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Asif <hr/> Contributor address; City; State; Zip Code  Austin, TX 78732-2089	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/47 Rpt: 44/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 04/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Steven <b>6</b> Contributor address; City; State; Zip Code  Lakeside, TX 76108-9384	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, James Contributor address; City; State; Zip Code  Plano, TX 75024-3566	Amount of Contribution (\$)  \$216.58
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Matthias Contributor address; City; State; Zip Code  Prosper, TX 75078-9447	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Matthias Contributor address; City; State; Zip Code  Prosper, TX 75078-9447	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soomar, Lauren Contributor address; City; State; Zip Code  Austin, TX 78702-1831	Amount of Contribution (\$)  \$16.66
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/47 Rpt: 45/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 04/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soomar, Lauren <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78702-1831	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stetzner, Larry <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75036-1419	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, MADHAVI <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77802-2544	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, MADHAVI <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77802-2544	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thang, Christopher <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494-1469	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/47 Rpt: 46/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 05/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thang, Christopher <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494-1469	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Timothy <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308-4145	Amount of Contribution (\$)  \$66.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollemache, Julie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751-3830	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollemache, Julie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751-3830	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Ernest <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023-3633	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/47 Rpt: 47/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 04/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Ernest <b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78023-3633	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandiver, William Contributor address; City; State; Zip Code  Dallas, TX 75214-3140	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandiver, William Contributor address; City; State; Zip Code  Dallas, TX 75214-3140	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varon, Jacobo Contributor address; City; State; Zip Code  Bellaire, TX 77401-4045	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varon, Jacobo Contributor address; City; State; Zip Code  Bellaire, TX 77401-4045	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/47 Rpt: 48/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 06/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varon, Jacobo <b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401-4045	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATSON, BLAIR Contributor address; City; State; Zip Code  Houston, TX 77098-1589	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATSON, BLAIR Contributor address; City; State; Zip Code  Houston, TX 77058-3775	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Melissa Contributor address; City; State; Zip Code  Dallas, TX 75248-1401	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Melissa Contributor address; City; State; Zip Code  Dallas, TX 75248-1401	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/47 Rpt: 49/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 03/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, David <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013-5007	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Johnny Contributor address; City; State; Zip Code  Dallas, TX 75225-3325	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wier, John Contributor address; City; State; Zip Code  Austin, TX 78730-3702	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lorin Contributor address; City; State; Zip Code  Early, TX 76802-2130	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Lorin Contributor address; City; State; Zip Code  Early, TX 76802-2130	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/47 Rpt: 50/53
<b>2</b> FILER NAME DOCPAC of Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00062672
<b>4</b> Date 06/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worrell, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-8635	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self-Employed
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeganov, Vladislav <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75246	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 51/53	2 FILER NAME DOCPAC of Texas	3 Filer ID (Ethics Commission Filers) 00062672
4 Date 04/23/2025	5 Payee name US Department of Treasury	
6 Amount (\$) \$1,156.00  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code Internal Revenue Service Center  Ogden, UT 84201-0001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense December 31, 2024 tax period, 1120POL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 52/53
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 03/10/2025	5 Name of person from whom amount is received Wells Fargo Bank 6 Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401 7 Purpose for which amount is received Interest	8 Amount (\$) \$321.54 <input type="checkbox"/> Check if political contribution returned to filer
Date 05/08/2025	Name of person from whom amount is received Wells Fargo Bank Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401 Purpose for which amount is received Interest	Amount (\$) \$372.53 <input type="checkbox"/> Check if political contribution returned to filer
Date 02/10/2025	Name of person from whom amount is received Wells Fargo Bank Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401 Purpose for which amount is received Interest	Amount (\$) \$373.28 <input type="checkbox"/> Check if political contribution returned to filer
Date 04/08/2025	Name of person from whom amount is received Wells Fargo Bank Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401 Purpose for which amount is received Interest	Amount (\$) \$387.63 <input type="checkbox"/> Check if political contribution returned to filer
Date 06/09/2025	Name of person from whom amount is received Wells Fargo Bank Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401 Purpose for which amount is received Interest	Amount (\$) \$397.52 <input type="checkbox"/> Check if political contribution returned to filer

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 2/2 Rpt: 53/53

2 FILER NAME  
DOCPAC of Texas

3 Filer ID (Ethics Commission Filers)  
00062672

4 Date  
01/09/2025

5 Name of person from whom amount is received  
Wells Fargo Bank

8 Amount (\$)  
\$448.34

6 Address of person from whom amount is received; City; State; Zip Code

Santa Rosa, CA 95401

7 Purpose for which amount is received  
Interest

☐ Check if political contribution returned to filer