FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016210 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Podiatric Medical PAC Date Received **ELECTRONICALLY FILED** 07/10/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 918 Congress Ave., Ste. 200 Date Hand-delivered or Date Postmarked Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Melinda NAME NICKNAME LAST **SUFFIX** Daise STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 918 Congress Ave., Ste. 200 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 918 Congress Ave., Ste. 200 MAILING **ADDRESS** Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 494-1123 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/04/2025 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Podiatric Medic	al PAC		00016210	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported		
	applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	10.000.00
	(OTHER THAN PLE	EDGES, LOANS, OR GUARANTEES OF LOANS)	٩	12,226.00
EXPENDITURE TOTALS	\$	0.00		
	4. TOTAL POLITICA	AL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY \$	19,535.48
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		I	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mrs. Meli	nda Daise	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said _	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer a	dministoring oath	Printed name of officer administering eath	Title of offi	or administering acth
Signature of officer a	ummstering oath	Printed name of officer administering oath	Tide OF OHIC	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			_	3 of 46
17 COMMITTEE NAME Texas Podiatric Medical PAC		18 Filer ID 00016210	(Ethics Commissio	n Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL A	MOUNT
SCHEDULE A1: MONETARY POLITICAL CON	ITRIBUTIONS		\$	12,226.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND)	POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4. SCHEDULE C1: MONETARY CONTRIBUTION ORGANIZATION	NS FROM CORPORATION OR LABO)R	\$	
5. SCHEDULE C2: NON-MONETARY (IN-KIND) LABOR ORGANIZATION	CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
6. SCHEDULE C3: MONETARY SUPPORT FRO	M CORPORATION OR LABOR ORG	ANIZATION	\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT ORGANIZATION	FROM CORPORATION OR LABOR		\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS	FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9. SCHEDULE E: LOANS			\$	
10. SCHEDULE F1: POLITICAL EXPENDITURES	FROM POLITICAL CONTRIBUTIONS	S	\$	
11. SCHEDULE F2: UNPAID INCURRED OBLIGA	TIONS		\$	
12. SCHEDULE F3: PURCHASE OF INVESTMEN	TS FROM POLITICAL CONTRIBUTION	ONS	\$	
13. SCHEDULE F4: EXPENDITURES MADE BY C	CREDIT CARD		\$	
14. SCHEDULE I: NON-POLITICAL EXPENDITUR	ES FROM POLITICAL CONTRIBUTION	ONS	\$	
15. SCHEDULE K: INTEREST, CREDITS, GAINS, TO FILER	REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 1/43 Rpt: 4/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 01/11/2025	 5 Full name of contributor out-of-state PAC (ID#:_Arroyo DPM, Irene (Dr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
_	Deignaignal	Irving, TX 75061	٦	Franksian (Cookastustian			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 02/11/2025	Full name of contributor out-of-state PAC (ID#:_Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$20.00
	Principal occu	Irving, TX 75061 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Podiatrist	pation / 300 title (See Instructions)		Self	·)		
	Date 03/13/2025	Full name of contributor out-of-state PAC (ID#:_ Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$20.00
		Irving, TX 75061					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code Irving, TX 75061)	•	Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 05/11/2025	Full name of contributor out-of-state PAC (ID#:_Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code Irving, TX 75061			•	Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 2/43 Rpt: 5/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 06/10/2025	 Full name of contributor out-of-state PAC (ID#:_Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Irving, TX 75061 pation / Job title (See Instructions)	9	Employer (See Instructions Self	<u> </u> s)		
	Date 01/02/2025	Full name of contributor out-of-state PAC (ID#:_ Babich DPM, Matthew (Dr.) Contributor address; City; State; Zip Code Richardson, TX 75082)	-	Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>I</u> S)		
	Date 03/21/2025	Full name of contributor)	•	Amount of Contribution (\$)	\$200.00
	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 01/09/2025	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	Leander, TX 76502 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 05/13/2025	Full name of contributor out-of-state PAC (ID#:_ Biel DPM, Kristen (Dr.) Contributor address; City; State; Zip Code Houston, TX 77024)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	or	m.	1	Total pages Schedule A1: Sch: 3/43 Rpt: 6/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 05/15/2025	 Full name of contributor out-of-state PAC (ID#: Blum DPM, Donald (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
8		Dallas, TX 75230 pation / Job title (See Instructions)	9	Employer (See Instructions) s)		
	Podiatrist Date 01/12/2025	Full name of contributor out-of-state PAC (ID#:_Brancheau DPM, Steven (Dr.) Contributor address; City; State; Zip Code Greenville, TX 75402		Self		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 01/24/2025	Full name of contributor out-of-state PAC (ID#:_Brancheau DPM, Steven (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	Greenville, TX 75402 pation / Job title (See Instructions)	1	Employer (See Instructions	 - s)		
	Podiatrist			self			
	Date 01/29/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	Greenville, TX 75402 pation / Job title (See Instructions)		Employer (See Instructions self	<u> </u> 5)		
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID#:_Brancheau DPM, Steven (Dr.) Contributor address; City; State; Zip Code Greenville, TX 75402)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	oation / Job title (See Instructions)		Employer (See Instructions self	s)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 4/43 Rpt: 7/46	
2	FILER NAME Texas Podia	ric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 03/24/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Greenville, TX 75402 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
	Podiatrist	sation, con the (occ mandellons)		self	"		
	Date 04/24/2025	Full name of contributor out-of-state PAC (ID Brancheau DPM, Steven (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Greenville, TX 75402			_		
	Principal occur Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 04/14/2025	Full name of contributor out-of-state PAC (ID Brill DPM, Leon (Dr.) Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75231					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu Podiatrist	oation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 06/14/2025	Full name of contributor out-of-state PAC (ID Brill DPM, Leon (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75231			•	Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	oation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 5/43 Rpt: 8/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state PAC (ID# Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$85.00
_	Deignaignal	Albany, TX 76430	٦,	Faralouse (Coolington etions			
8	podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions self	5)		
	Date 02/17/2025	Full name of contributor out-of-state PAC (ID# Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$85.00
	Principal occu	Albany, TX 76430 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	podiatrist			self			
	Date 03/19/2025	Full name of contributor out-of-state PAC (ID# Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$85.00
		Albany, TX 76430					
	Principal occu podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date Full name of contributor out-of-state PAC (ID#:_04/17/2025 Brown DPM, Cory (Dr.)					Amount of Contribution (\$)	\$85.00
	Principal occupodiatrist	Albany, TX 76430 pation / Job title (See Instructions)		Employer (See Instructions self	<u> </u> 5)		
	Date 05/16/2025	Full name of contributor out-of-state PAC (ID# Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code Albany, TX 76430	:)		Amount of Contribution (\$)	\$85.00
	Principal occup podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 6/43 Rpt: 9/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 06/17/2025	 Full name of contributor out-of-state PAC (ID#:_Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$85.00
	Dringing occur	Albany, TX 76430	0	Employer (See Instructions	,, 		
8	podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions self	5)		
	Date 06/19/2025	Full name of contributor out-of-state PAC (ID#:_ Browning DPM, Christopher (Dr.) Contributor address; City; State; Zip Code	••••)		Amount of Contribution (\$)	\$100.00
	Dringing aggr	Temple, TX 76502		Employer (See Instructions	<u></u>		
	Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott & White	»)		
	Date 01/15/2025	Full name of contributor out-of-state PAC (ID#:_ Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78739					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 02/15/2025	Full name of contributor out-of-state PAC (ID#:_Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code Austin, TX 78739				Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 03/15/2025	Full name of contributor out-of-state PAC (ID#:_Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code Austin, TX 78739				Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 7/43 Rpt: 10/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 04/15/2025	 Full name of contributor out-of-state PAC (ID#:_Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Austin, TX 78739 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Podiatrist Date 05/15/2025	Full name of contributor out-of-state PAC (ID#:_Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code Austin, TX 78739		Self		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date 06/15/2025	Full name of contributor out-of-state PAC (ID#:_ Bruyn DPM, Andrew (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78739 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Podiatrist Date 06/10/2025	Full name of contributor out-of-state PAC (ID#:_ Buitrago DPM, Maria (Dr.) Contributor address; City; State; Zip Code Houston, TX 77025		Self		Amount of Contribution (\$)	\$250.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/24/2025	Full name of contributor out-of-state PAC (ID#:_ Butts DPM, Turner (Dr.) Contributor address; City; State; Zip Code Spring, TX 77389)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL CONTRIBUTION	N	15		SCHEDULI	A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 8/43 Rpt: 11/46	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		tric Medical PAC			L	00016210	
4	Date 02/24/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_	Dinainal	Spring, TX 77389	_	Frankrij (O. a. b.			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	s) 		
	Date 01/13/2025	Full name of contributor out-of-state PAC (ID#:_ Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Data disal assess	Yoakum, TX 77995		Faralana (Cara Instructions	<u></u>		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 02/13/2025	Full name of contributor out-of-state PAC (ID#:_ Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Yoakum, TX 77995					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#:_ Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code Yoakum, TX 77995)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 04/13/2025	Full name of contributor out-of-state PAC (ID#:_ Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code Yoakum, TX 77995)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 9/43 Rpt: 12/46	
2	FILER NAME Texas Podiat	ric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 05/13/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Yoakum, TX 77995 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Podiatrist Date 06/13/2025	Full name of contributor out-of-state PAC (ID#:_Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code Yoakum, TX 77995		Self		Amount of Contribution (\$)	\$25.00
	Principal occup Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 05/12/2025	Full name of contributor out-of-state PAC (ID#:_Cardona DPM, Taren (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		Sugarland, TX 77479 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Date 01/30/2025	Full name of contributor out-of-state PAC (ID#:_ Cerniglia DPM, Matthew (Dr.) Contributor address; City; State; Zip Code		self		Amount of Contribution (\$)	\$25.00
	Principal occup Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	Date 02/23/2025	Full name of contributor out-of-state PAC (ID#:_Cerniglia DPM, Matthew (Dr.) Contributor address; City; State; Zip Code Azle, TX 76020				Amount of Contribution (\$)	\$25.00
	Principal occup Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>(</u>		

	MONEI	ARY POLITICAL CON	NIRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to o	complete this forr	n.	1	Total pages Schedule A1: Sch: 10/43 Rpt: 13/46	
2	FILER NAME	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
_					Ļ		
4	Date 03/23/2025	 Full name of contributor	ut-of-state PAC (ID#:)	,	Amount of Contribution (\$)	\$25.00
0	Dringing Local	Azle, TX 76020	lo.	Employer (Con Instructions			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	·)		
	Date 04/23/2025	Full name of contributor of cerniglia DPM, Matthew (Dr.) Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Dringing! aggs	Azle, TX 76020	1	Employer (Coo Instructions	_		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	•)		
	Date 05/23/2025	Full name of contributor of cerniglia DPM, Matthew (Dr.) Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Azle, TX 76020					
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Podiatrist			Self			
Date 06/23/2025		Full name of contributor of cerniglia DPM, Matthew (Dr.) Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Azle, TX 76020					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	i)		
	Date 01/19/2025	Clawson DPM, Lacey (Dr.) Contributor address; City; State; 2	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu podiatrist	Abilene, TX 79606 pation / Job title (See Instructions)		Employer (See Instructions self	<u> </u>		
			·				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instruc	ction Guide explains how to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 11/43 Rpt: 14/46		
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)	
4	Date 02/19/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00	
8	Principal occur	Abilene, TX 79606 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>s)</u>			
Ŭ	podiatrist	pation 7 oob title (occ motituetions)		self	,			
	Date 03/21/2025	Full name of contributor out-of-state PAC (ID#:_ Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00	
		Abilene, TX 79606						
	Principal occup podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	s)			
	Date 04/19/2025	Full name of contributor out-of-state PAC (ID#:_ Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00	
		Abilene, TX 79606						
	Principal occup podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	s)			
	Date 05/19/2025	Full name of contributor out-of-state PAC (ID#:_ Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code Abilene, TX 79606)	•	Amount of Contribution (\$)	\$100.00	
	Principal occu podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	5)			
	Date 06/19/2025	Full name of contributor out-of-state PAC (ID#:_Clawson DPM, Lacey (Dr.) Contributor address; City; State; Zip Code Abilene, TX 79606)		Amount of Contribution (\$)	\$100.00	
	Principal occupodiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	s)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULI	SCHEDULE A1	
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 12/43 Rpt: 15/46		
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)	
4	Date 02/19/2025	Cramer DPM, Gary (Dr.)	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$500.00	
8	Principal occur	Gatesville, TX 76528 pation / Job title (See Instructions)	l _a	Employer (See Instructions				
	Podiatrist	pation 7 300 title (See mstructions)		Self	,			
	Date 01/11/2025	Full name of contributor)		Amount of Contribution (\$)	\$20.00	
	Delicalization	San Antonio, TX 78229		Faralassa (Ossalastassa)				
	Principal occul Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self)			
	Date 02/11/2025	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
		San Antonio, TX 78229						
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self)			
	Date 03/11/2025	Full name of contributor				Amount of Contribution (\$)	\$20.00	
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self)			
	Date 04/11/2025	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self)			
			,					

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 13/43 Rpt: 16/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 05/11/2025	 Full name of contributor out-of-state PAC (ID#:_Fish DPM, Shay (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
_	Deignigal	San Antonio, TX 78229	_	Franksian (Cookasta satisas			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 06/11/2025	Full name of contributor				Amount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78229 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Podiatrist			Self	,		
	Date 05/07/2025	Full name of contributor)		Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78230					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 01/23/2025	Full name of contributor out-of-state PAC (ID#:_ Gunther DPM, David (Dr.) Contributor address; City; State; Zip Code Houston, TX 77077)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 02/23/2025	Full name of contributor out-of-state PAC (ID#:_ Gunther DPM, David (Dr.) Contributor address; City; State; Zip Code Houston, TX 77077	••••			Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	oation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONEI	ARY POLITICAL CONTRIBUTION	אכ	IS		SCHEDULI	A1
	The Instruc	ction Guide explains how to complete this f	for	m.	1	Total pages Schedule A1: Sch: 14/43 Rpt: 17/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 03/23/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Podiatrist	Houston, TX 77077 pation / Job title (See Instructions)	9	Employer (See Instructions Self) 5)		
	Date 04/23/2025	Full name of contributor out-of-state PAC (ID#:_ Gunther DPM, David (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	Houston, TX 77077 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> 5)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Gunther DPM, David (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Houston, TX 77077					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Gunther DPM, David (Dr.) Contributor address; City; State; Zip Code Houston, TX 77077)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u>		
	Date 01/02/2025	Full name of contributor out-of-state PAC (ID#:_ Higham, Michael (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550)		Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 15/43 Rpt: 18/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 01/12/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8		Katy, TX 77450 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#:_ Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code Katy, TX 77450	<u> </u>	Self		Amount of Contribution (\$)	\$50.00
	Principal occup podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#:_ Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		Katy, TX 77450		5 1 (0 1 1 1	<u></u>		
	podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 04/12/2025	Full name of contributor out-of-state PAC (ID#:_ Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	Principal occu podiatrist	Katy, TX 77450 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 05/12/2025	Full name of contributor out-of-state PAC (ID#:_ Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code Katy, TX 77450				Amount of Contribution (\$)	\$50.00
	Principal occupodiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL CONTRIBU	HON	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 16/43 Rpt: 19/46	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		tric Medical PAC			L	00016210	
4	Date 06/10/2025	 5 Full name of contributor out-of-state PAC Jacobs DPM, James (Dr.) 6 Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$50.00
		Katy, TX 77450					
8	Principal occu podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date	Full name of contributor uut-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	02/04/2025	Jaryga, Gregory (Dr.)					\$100.00
		Contributor address; City; State; Zip Code					
		Fort Worth, TX 76116					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Podiatrist			Self			
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	01/22/2025	Jenkins DPM, Suzanne (Dr.)					\$25.00
		Contributor address; City; State; Zip Code					
		Hillsoboro, TX 76645					
	•	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Podiatrist			Self			
	Date	Full name of contributor uut-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	02/22/2025	Jenkins DPM, Suzanne (Dr.) Contributor address; City; State; Zip Code					\$25.00
		Hillsoboro, TX 76645					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date	Full name of contributor uut-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	03/22/2025	Jenkins DPM, Suzanne (Dr.)					\$25.00
		Contributor address; City; State; Zip Code					
		Hillsoboro, TX 76645	-		<u> </u>		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s) 		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 17/43 Rpt: 20/46	
2	FILER NAME Texas Podia	ric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 04/22/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
8		Hillsoboro, TX 76645 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Podiatrist Date 05/22/2025	Contributor address; City; State; Zip Code		Self		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	Hillsoboro, TX 76645 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 06/22/2025	Full name of contributor out-of-state PAC (ID#:_ Jenkins DPM, Suzanne (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Hillsoboro, TX 76645 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Podiatrist Date 01/16/2025	Full name of contributor out-of-state PAC (ID#:_ John DPM, Shine (Dr.) Contributor address; City; State; Zip Code Austin, TX 78738		Self	-	Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>s)</u>		
	Date 02/16/2025	Full name of contributor out-of-state PAC (ID#:_ John DPM, Shine (Dr.) Contributor address; City; State; Zip Code Austin, TX 78738			•	Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 18/43 Rpt: 21/46	
2	FILER NAME Texas Podia	tric Medical PAC				3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 03/18/2025	5 Full name of contributor John DPM, Shine (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$50.00
8	Principal occur	Austin, TX 78738 pation / Job title (See Instructions	3	9	Employer (See Instructions	;) 		
•	Podiatrist	pation / Job title (See Instructions		,	Self	"		
	Date 04/16/2025	Full name of contributor John DPM, Shine (Dr.) Contributor address; City; St)		Amount of Contribution (\$)	\$50.00
	5	Austin, TX 78738	, I			<u>L</u>		
	Principal occuj Podiatrist	pation / Job title (See Instructions	5)		Employer (See Instructions Self	5)		
	Date 05/16/2025	Full name of contributor John DPM, Shine (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code				Amount of Contribution (\$)	\$50.00
		Austin, TX 78738						
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 06/16/2025	Full name of contributor John DPM, Shine (Dr.) Contributor address; City; St Austin, TX 78738)	•	Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/23/2025	Full name of contributor Johnson DPM, Matthew (Contributor address; City; St	······)		Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 19/43 Rpt: 22/46	
2	FILER NAME Texas Podia	ric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 02/23/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
_		Coppell, TX 75019	_	5 1 (0 1 1 1	<u></u>		
8	Principal occuj Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 03/23/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson DPM, Matthew (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
		Coppell, TX 75019		5 1 (0 1 1 1	<u></u>		
	Principal occuj Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	S)		
	Date 04/23/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson DPM, Matthew (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Coppell, TX 75019					
	Principal occup Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson DPM, Matthew (Dr.) Contributor address; City; State; Zip Code Coppell, TX 75019)		Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson DPM, Matthew (Dr.) Contributor address; City; State; Zip Code Coppell, TX 75019)		Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	oation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 20/43 Rpt: 23/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 05/25/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
_		Plano, TX 75024	_	5 1 (0 1 1 1			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Khavari DPM, Naghmeh Lilly (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Dringing aggr	Plano, TX 75024 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Podiatrist	oalion / Job tille (See instructions)		Self	·)		
	Date 01/22/2025	Full name of contributor)		Amount of Contribution (\$)	\$25.00
		Sour Lake, TX 77659					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 02/22/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	Sour Lake, TX 77659 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> 5)		
	Date 04/01/2025	Full name of contributor out-of-state PAC (ID#:_LaGrone DPM, Frances (Dr.) Contributor address; City; State; Zip Code Sour Lake, TX 77659)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instruc	etion Guide explains how to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 21/43 Rpt: 24/46	
2	FILER NAME Texas Podia	ric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 04/22/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8		Sour Lake, TX 77659 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Podiatrist Date 05/22/2025	Contributor address; City; State; Zip Code		Self		Amount of Contribution (\$)	\$25.00
	Principal occup	Sour Lake, TX 77659 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> ;)		
	Date 06/22/2025	Full name of contributor out-of-state PAC (ID#: LaGrone DPM, Frances (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occur	Sour Lake, TX 77659 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Podiatrist	dation, con the (see instructions)		Self	·,		
	Date 01/29/2025	Full name of contributor uut-of-state PAC (ID#: Langlois DPM, Michael (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78249				Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 22/43 Rpt: 25/46	
2	FILER NAME Texas Podia	ric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 03/29/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
8	Principal occur	San Antonio, TX 78249 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
Ŭ	Podiatrist	sation, con the (occ mandellons)	J	Self	,,		
	Date 04/29/2025	Full name of contributor out-of-state PAC (ID#:_Langlois DPM, Michael (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78249		5 1 (2 1 1 1	<u></u>		
	Principal occuj Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 05/29/2025	Full name of contributor out-of-state PAC (ID#:_Langlois DPM, Michael (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78249					
	Principal occup Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#:_Langlois DPM, Michael (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78249)	•	Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#:_Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code Keller, TX 76244)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	oation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 23/43 Rpt: 26/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 04/14/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Keller, TX 76244 pation / Job title (See Instructions)	9	Employer (See Instructions	:) 		
Ü	Podiatrist	pation / 300 title (See Instituctions)	3	Self	"		
	Date 05/14/2025	Full name of contributor out-of-state PAC (ID#:_Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Keller, TX 76244					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 06/14/2025	Full name of contributor out-of-state PAC (ID#:_ Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Keller, TX 76244					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/28/2025	Full name of contributor out-of-state PAC (ID#:_Margolis DPM, Scott (Dr.) Contributor address; City; State; Zip Code Houston, TX 77090-2611				Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> 5)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_Margolis DPM, Scott (Dr.) Contributor address; City; State; Zip Code Houston, TX 77090-2611				Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	;)		

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 24/43 Rpt: 27/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 03/28/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Houston, TX 77090-2611 pation / Job title (See Instructions)	9	Employer (See Instructions Self	 - s)		
	Date 04/28/2025	Full name of contributor out-of-state PAC (ID#: Margolis DPM, Scott (Dr.) Contributor address; City; State; Zip Code Houston, TX 77090-2611				Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>(</u>		
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_ Margolis DPM, Scott (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77090-2611 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Podiatrist	,		Self			
	Date 06/28/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Podiatrist	Houston, TX 77090-2611 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> 5)		
	Date 01/28/2025	Full name of contributor out-of-state PAC (ID#:_ McCreary DPM, Jon (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76107)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 25/43 Rpt: 28/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 02/28/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occup	Fort Worth, TX 76107 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_McCreary DPM, Jon (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76107				Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 04/28/2025	Full name of contributor out-of-state PAC (ID#:_McCreary DPM, Jon (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Podiatrist Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_McCreary DPM, Jon (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76107		Self	-	Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_ McCreary DPM, Jon (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76107				Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 26/43 Rpt: 29/46	
2	FILER NAME Texas Podia	ric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 05/14/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8		Austin, TX 78703 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Podiatrist Date 01/15/2025	Contributor address; City; State; Zip Code		Self		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	Kingwood, TX 77339 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 02/15/2025	Full name of contributor out-of-state PAC (ID#:_Miller DPM, Jason C. (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Kingwood, TX 77339 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Podiatrist Date 03/15/2025	Full name of contributor out-of-state PAC (ID#:_Miller DPM, Jason C. (Dr.) Contributor address; City; State; Zip Code Kingwood, TX 77339		Self		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>(</u>		
	Date 04/15/2025	Full name of contributor out-of-state PAC (ID#:_Miller DPM, Jason C. (Dr.) Contributor address; City; State; Zip Code Kingwood, TX 77339)		Amount of Contribution (\$)	\$100.00
	Principal occu Podiatrist	oation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTI	O۱	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 27/43 Rpt: 30/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 05/15/2025	 Full name of contributor out-of-state PAC (ID# Miller DPM, Jason C. (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Kingwood, TX 77339 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Podiatrist	,		Self	,		
	Date 06/15/2025	Full name of contributor out-of-state PAC (ID# Miller DPM, Jason C. (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
		Kingwood, TX 77339	_		_		
	Principal occur Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 03/10/2025	Full name of contributor out-of-state PAC (ID# Miranda, Anetra (Dr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$50.00
		Fulshear, TX 77441					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/27/2025	Full name of contributor out-of-state PAC (ID# Moczygemba, Cory (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78130)		Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID# Moczygemba, Cory (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78130	<u> </u>)		Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 28/43 Rpt: 31/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 03/27/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	New Braunfels, TX 78130 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Podiatrist	,		Self	,		
	Date 04/27/2025	Full name of contributor out-of-state PAC (ID#:_ Moczygemba, Cory (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00
		New Braunfels, TX 78130		- L (0 L L III	<u>L</u>		
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 05/25/2025	Full name of contributor out-of-state PAC (ID#:_ Moczygemba, Cory (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		New Braunfels, TX 78130					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Moczygemba, Cory (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78130)		Amount of Contribution (\$)	\$20.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/15/2025	Full name of contributor out-of-state PAC (ID#:_ Nava Jr. DPM, Samuel (Dr.) Contributor address; City; State; Zip Code Carrollton, TX 75010)		Amount of Contribution (\$)	\$250.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 29/43 Rpt: 32/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 01/28/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
	Dringing Loon	San Antonio, TX 78212	_	Employer (Co.) Instructions	<u></u>		
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 02/28/2025	Full name of contributor)		Amount of Contribution (\$)	\$10.00
	Principal occur	San Antonio, TX 78212 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Podiatrist	oalion / Job tille (See instructions)		Employer (See Instructions Self	·)		
	Date 03/28/2025	Full name of contributor)		Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78212					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 04/28/2025	Full name of contributor out-of-state PAC (ID#:_ Nguyen DPM, Thanh (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78212				Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_ Nguyen DPM, Thanh (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78212)		Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
		•					

	MONET	ARY POLITICAL CONTRIBUTION	۸C	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 30/43 Rpt: 33/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 06/28/2025	 Full name of contributor out-of-state PAC (ID#: Nguyen DPM, Thanh (Dr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$10.00
8	Principal occu	San Antonio, TX 78212 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Podiatrist			Self			
	Date 03/21/2025	Full name of contributor out-of-state PAC (ID#: Ogunlana DPM, Babajide (Dr.) Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$100.00
	Principal occur	Houston, TX 77077 pation / Job title (See Instructions)	1	Employer (See Instructions	·)		
	Podiatrist	pation / Job title (See Instructions)		Self))		
	Date 01/24/2025	Full name of contributor out-of-state PAC (ID#: Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75231					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID#: Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75231)		Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>I</u> S)		
	Date 03/24/2025	Full name of contributor out-of-state PAC (ID#: Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75231)		Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 31/43 Rpt: 34/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 04/24/2025	 Full name of contributor out-of-state Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Dallas, TX 75231 pation / Job title (See Instructions)	9	Employer (See Instructions Self	<u> </u> s)		
	Date 05/24/2025	Full name of contributor out-of-state Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	Dallas, TX 75231 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 06/24/2025	Full name of contributor out-of-state Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	Dallas, TX 75231 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Podiatrist Date 01/23/2025	Perry DPM, Jacquelyn (Dr.)	PAC (ID#:	Self		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 02/23/2025	Full name of contributor out-of-state Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code Kennedale, TX 76060	PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 32/43 Rpt: 35/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 03/23/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Kennedale, TX 76060 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
•	Podiatrist			Self	• •		
	Date 04/23/2025	Full name of contributor out-of-state PAC (ID#:_ Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Kennedale, TX 76060					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Kennedale, TX 76060					
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code Kennedale, TX 76060)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 05/13/2025	Full name of contributor out-of-state PAC (ID#:_Rhodus DPM, Charles (Dr.) Contributor address; City; State; Zip Code Tyler, TX 75703)		Amount of Contribution (\$)	\$200.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 33/43 Rpt: 36/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 01/23/2025	 Full name of contributor out-of-state PAC (ID#:_Robinson DPM, Patrick (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Temple, TX 76508 pation / Job title (See Instructions)	9	Employer (See Instructions Self	<u> </u> s)		
	Date 02/23/2025	Full name of contributor out-of-state PAC (ID#:_ Robinson DPM, Patrick (Dr.) Contributor address; City; State; Zip Code Temple, TX 76508				Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 03/23/2025	Full name of contributor out-of-state PAC (ID#:_ Robinson DPM, Patrick (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	Temple, TX 76508 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Podiatrist			Self			
	Date 04/23/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	Temple, TX 76508 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Robinson DPM, Patrick (Dr.) Contributor address; City; State; Zip Code Temple, TX 76508)	-	Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 34/43 Rpt: 37/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 06/23/2025	 Full name of contributor out-of-state PAC (ID#:_Robinson DPM, Patrick (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Podiatrist	Temple, TX 76508 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 01/24/2025	Full name of contributor out-of-state PAC (ID#:_Saucier DPM, Taylor (Dr.) Contributor address; City; State; Zip Code Houston, TX 77042)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID#:_Saucier DPM, Taylor (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Houston, TX 77042 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Podiatrist			Self			
	Date 01/22/2025	Contributor address; City; State; Zip Code			-	Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	Houston, TX 77080 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 02/22/2025	Full name of contributor out-of-state PAC (ID#:_ Schwartz DPM, Rebecca (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 35/43 Rpt: 38/46		
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)	
	Texas Podia	tric Medical PAC				00016210		
4	Date 03/22/2025	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$25.00	
		Houston, TX 77080						
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	s) 			
	Date 04/22/2025	Full name of contributor out-of-state PAC Schwartz DPM, Rebecca (Dr.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00	
	Dringing conu	Houston, TX 77080		Employer (See Instructions	<u>, </u>			
	Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	·)			
	Date 05/22/2025	Full name of contributor out-of-state PAC Schwartz DPM, Rebecca (Dr.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00	
		Houston, TX 77080						
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)			
						Assessment of Ossetsiles ties (th)		
	Date 06/22/2025	Full name of contributor out-of-state PAC Schwartz DPM, Rebecca (Dr.) Contributor address; City; State; Zip Code) (ID#:			Amount of Contribution (\$)	\$25.00	
		Houston, TX 77080			<u></u>			
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self				
	Date 01/23/2025	Full name of contributor out-of-state PAC Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550	C (ID#:)		Amount of Contribution (\$)	\$26.00	
	Principal occu Podiatrist	oation / Job title (See Instructions)		Employer (See Instructions Self	s)			

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 36/43 Rpt: 39/46	
2	FILER NAME Texas Podia	ric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 02/23/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$26.00
8	Principal occu	Harlingen, TX 78550 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Podiatrist	,		Self	,		
	Date 03/23/2025	Full name of contributor out-of-state PAC (ID#:_Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.00
		Harlingen, TX 78550					
	Principal occup Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 04/23/2025	Full name of contributor				Amount of Contribution (\$)	\$26.00
		Harlingen, TX 78550					
	Principal occup Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550)	•	Amount of Contribution (\$)	\$26.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550)		Amount of Contribution (\$)	\$26.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 37/43 Rpt: 40/46		
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	on Filers)	
4	Date 05/28/2025	Steinke, Paul (Dr.) 6 Contributor address; City; State; Zip Co	state PAC (ID#:		7	Amount of Contribution (\$)	\$2,000.00	
8	Principal occu Podiatrist	Keller, TX 76248 pation / Job title (See Instructions)	9	Employer (See Instructions Self)			
	Date 05/15/2025	Taylor, Robert (Dr.) Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$250.00	
	Principal occu Podiatrist	Frisco, TX 75033 pation / Job title (See Instructions)		Employer (See Instructions Self)			
	Date 01/23/2025	Full name of contributor out-of-s Toole DPM, Roxanne (Dr.) Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$25.00	
	Discipalization	Conroe, TX 77304		Farabasa (Ossabastas tisas				
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self)			
	Date 02/23/2025	Full name of contributor out-of-s Toole DPM, Roxanne (Dr.) Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$25.00	
		Conroe, TX 77304 pation / Job title (See Instructions)		Employer (See Instructions)			
	Podiatrist Date 03/23/2025	Full name of contributor out-of-s Toole DPM, Roxanne (Dr.) Contributor address; City; State; Zip Co	state PAC (ID#:	Self		Amount of Contribution (\$)	\$25.00	
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self)			

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 38/43 Rpt: 41/46	
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	Filers)
4	Date 04/23/2025	 Full name of contributor out-of-state PAC (ID#: Toole DPM, Roxanne (Dr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$25.00
8		Conroe, TX 77304 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Podiatrist Date 05/23/2025	Contributor address; City; State; Zip Code		Self)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	Conroe, TX 77304 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Toole DPM, Roxanne (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Conroe, TX 77304 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Podiatrist			Self			
	Date 01/23/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	Van Alstyne, TX 75495 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 02/23/2025	Full name of contributor out-of-state PAC (ID#:_ Treleven DPM, Kristen (Dr.) Contributor address; City; State; Zip Code Van Alstyne, TX 75495)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 39/43 Rpt: 42/46		
2	FILER NAME Texas Podia	tric Medical PAC			3	Filer ID (Ethics Commission 00016210	n Filers)	
4	Date 03/23/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	Van Alstyne, TX 75495 pation / Job title (See Instructions)	9	Employer (See Instructions	 S)			
	Podiatrist Date 04/23/2025	Full name of contributor out-of-state PAC (ID#:_ Treleven DPM, Kristen (Dr.) Contributor address; City; State; Zip Code Van Alstyne, TX 75495		Self	•	Amount of Contribution (\$)	\$25.00	
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> S)			
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID#:_ Treleven DPM, Kristen (Dr.) Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00	
	Principal occu	Van Alstyne, TX 75495 pation / Job title (See Instructions)		Employer (See Instructions	 s)			
	Podiatrist			Self				
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Treleven DPM, Kristen (Dr.) Contributor address; City; State; Zip Code Van Alstyne, TX 75495				Amount of Contribution (\$)	\$25.00	
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u>			
	Date 05/14/2025	Full name of contributor out-of-state PAC (ID#:_ Walters DPM, Steven (Dr.) Contributor address; City; State; Zip Code Austin, TX 78705)		Amount of Contribution (\$)	\$350.00	
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	m.	1	Total pages Schedule A1: Sch: 40/43 Rpt: 43/46	
2	2 FILER NAME Texas Podiatric Medical PAC		3	Filer ID (Ethics Commission 00016210	Filers)		
4	Date 01/29/2025	Ward DPM, Josh (Dr.)	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
_	Deireitade	Davie, FL 33312	- la	Farada e a (Carada de Araba de Carada de Carad			
8	Principal occuj Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 01/02/2025	Full name of contributor Weinstein, Howard (Dr.) Contributor address; City; State;)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75248		5 1 (0 1 : "	<u></u>		
	Principal occup Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/23/2025	Full name of contributor Wilks DPM, Alton (Dr.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		DeSota, TX 75115					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 02/23/2025	Full name of contributor Wilks DPM, Alton (Dr.) Contributor address; City; State; DeSota, TX 75115)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>(</u>		
	Date 03/23/2025	Full name of contributor Wilks DPM, Alton (Dr.) Contributor address; City; State; DeSota, TX 75115)		Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			, , , , , , , , , , , , , , , , , , ,				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 41/43 Rpt: 44/46		
2	FILER NAME Texas Podia	ric Medical PAC			3	Filer ID (Ethics Commission 00016210	ı Filers)	
4	Date 04/23/2025	 Full name of contributor	,		7	Amount of Contribution (\$)	\$25.00	
	Dringing occur	DeSota, TX 75115	lo.	Employer (See Instructions	<u></u>			
8	Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions Self	·)			
	Date 05/23/2025	Full name of contributor out-of-state PAC Wilks DPM, Alton (Dr.) Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00	
		DeSota, TX 75115	•					
	Principal occup Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)			
	Date 06/23/2025	Full name of contributor out-of-state PAC Wilks DPM, Alton (Dr.) Contributor address; City; State; Zip Code	C (ID#:		•	Amount of Contribution (\$)	\$25.00	
		DeSota, TX 75115						
	Principal occup Podiatrist	oation / Job title (See Instructions)		Employer (See Instructions Self	5)			
	Date 01/23/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00	
	Principal occu Podiatrist	Plano, TX 75024 pation / Job title (See Instructions)		Employer (See Instructions self	<u> </u>			
	Date 02/23/2025	Full name of contributor out-of-state PAC Wisdom DPM, Jill (Dr.) Contributor address; City; State; Zip Code Plano, TX 75024	I (ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu Podiatrist	oation / Job title (See Instructions)		Employer (See Instructions self	5)			
			•					

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 42/43 Rpt: 45/46	
2	FILER NAME Texas Podia	tric Medical PAC				3	Filer ID (Ethics Commission 00016210	n Filers)
4	Date 03/23/2025	5 Full name of contributor Wisdom DPM, Jill (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$25.00
_	Deignaignal	Plano, TX 75024	, T		Franks or (Cook batterations			
8	Principal occu Podiatrist	pation / Job title (See Instructions)	9	Employer (See Instructions self	5)		
	Date 04/23/2025	Full name of contributor Wisdom DPM, Jill (Dr.) Contributor address; City; St					Amount of Contribution (\$)	\$25.00
	Principal occur	Plano, TX 75024	ì		Employer (See Instructions	<u>''</u>		
	Podiatrist	pation / Job title (See Instructions)		Employer (See Instructions self	s)		
	Date 05/23/2025	Full name of contributor Wisdom DPM, Jill (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		Plano, TX 75024						
	Principal occu Podiatrist	pation / Job title (See Instructions			Employer (See Instructions self	5)		
	Date 06/23/2025	Full name of contributor Wisdom DPM, Jill (Dr.) Contributor address; City; St Plano, TX 75024)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Podiatrist	pation / Job title (See Instructions			Employer (See Instructions self	<u> </u>		
	Date 05/06/2025	Full name of contributor Wokasien DPM, Ronald L Contributor address; City; St Austin, TX 78750)		Amount of Contribution (\$)	\$100.00
	Principal occu podiatrist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONETA	RY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instruction	on Guide explains how to complete this f	orn	m.	1	Total pages Schedule A1: Sch: 43/43 Rpt: 46/46
2	FILER NAME Texas Podiatric	Medical PAC			3	Filer ID (Ethics Commission Filers) 00016210
4	Date 05/07/2025 5 Full name of contributor			7	Amount of Contribution (\$) \$100.00	
8	Principal occupat Podiatrist	Sugar Land, TX 77478 ion / Job title (See Instructions)	9	Employer (See Instructions Self	<u> </u> S)	