

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) 00016210	2 Total pages filed: 46
3 COMMITTEE NAME Texas Podiatric Medical PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/10/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200 Austin, TX 78701		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Melinda NICKNAME LAST SUFFIX Daise		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200 Austin, TX 78701		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200 Austin, TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 494-1123		
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 11/04/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Podiatric Medical PAC		13 Filer ID (Ethics Commission Filers) 00016210
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,226.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,535.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mrs. Melinda Daise

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 46

17 COMMITTEE NAME Texas Podiatric Medical PAC		18 Filer ID (Ethics Commission Filers) 00016210
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="checked" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,226.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/43 Rpt: 4/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 01/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) 6 Contributor address; City; State; Zip Code Irving, TX 75061	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/43 Rpt: 5/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75061	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babich DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew DPM, K. Kyle (Dr.) <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazan DPM, Demenico (Dr.) <hr/> Contributor address; City; State; Zip Code Leander, TX 76502	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biel DPM, Kristen (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/43 Rpt: 6/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blum DPM, Donald (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 01/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code Greenville, TX 75402	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code Greenville, TX 75402	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code Greenville, TX 75402	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code Greenville, TX 75402	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/43 Rpt: 7/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 03/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Steven (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Greenville, TX 75402	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) self
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code Greenville, TX 75402	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/43 Rpt: 8/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 01/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Albany, TX 76430	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) podiatrist		9 Employer (See Instructions) self
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code Albany, TX 76430	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code Albany, TX 76430	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code Albany, TX 76430	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code Albany, TX 76430	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/43 Rpt: 9/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 06/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Albany, TX 76430	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) podiatrist		9 Employer (See Instructions) self
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning DPM, Christopher (Dr.) <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Baylor Scott & White
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/43 Rpt: 10/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buitrago DPM, Maria (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts DPM, Turner (Dr.) <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/43 Rpt: 11/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts DPM, Turner (Dr.) 6 Contributor address; City; State; Zip Code Spring, TX 77389	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/43 Rpt: 12/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 05/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Yoakum, TX 77995	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardona DPM, Taren (Dr.) <hr/> Contributor address; City; State; Zip Code Sugarland, TX 77479	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Azle, TX 76020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Azle, TX 76020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/43 Rpt: 13/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 03/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Azle, TX 76020	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Azle, TX 76020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Azle, TX 76020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Azle, TX 76020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/43 Rpt: 14/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 02/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) podiatrist		9 Employer (See Instructions) self
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 04/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/43 Rpt: 15/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 02/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cramer DPM, Gary (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Gatesville, TX 76528	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/43 Rpt: 16/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 05/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78229	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foteh DPM, Abeer (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/43 Rpt: 17/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 03/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higham, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/43 Rpt: 18/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 01/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77450	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) podiatrist		9 Employer (See Instructions) Self
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/43 Rpt: 19/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 06/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77450	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) podiatrist		9 Employer (See Instructions) Self
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaryga, Gregory (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/43 Rpt: 20/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 04/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Hillsboro, TX 76645	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 03/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78738	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/43 Rpt: 22/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 02/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/43 Rpt: 23/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 05/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> Contributor address; City; State; Zip Code Sour Lake, TX 77659	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> Contributor address; City; State; Zip Code Sour Lake, TX 77659	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> Contributor address; City; State; Zip Code Sour Lake, TX 77659	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/43 Rpt: 24/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 04/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Sour Lake, TX 77659	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> Contributor address; City; State; Zip Code Sour Lake, TX 77659	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> Contributor address; City; State; Zip Code Sour Lake, TX 77659	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/43 Rpt: 25/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 03/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/43 Rpt: 26/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 04/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) 6 Contributor address; City; State; Zip Code Keller, TX 76244	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/28/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/28/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/43 Rpt: 27/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 03/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77090-2611	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77090-2611	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77090-2611	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77090-2611	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary DPM, Jon (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/43 Rpt: 28/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary DPM, Jon (Dr.) 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 03/28/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 04/28/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/28/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/28/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/43 Rpt: 29/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 05/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mereau, Trinity (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/43 Rpt: 30/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Kingwood, TX 77339	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miranda, Anetra (Dr.) <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/43 Rpt: 31/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 03/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Cory (Dr.) <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nava Jr. DPM, Samuel (Dr.) <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/43 Rpt: 32/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 01/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/43 Rpt: 33/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 06/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogunlana DPM, Babajide (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/43 Rpt: 34/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 04/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code Kennedale, TX 76060	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code Kennedale, TX 76060	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

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SCHEDULE A1

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2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 03/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Kennedale, TX 76060	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) <hr/> Contributor address; City; State; Zip Code Kennedale, TX 76060	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) <hr/> Contributor address; City; State; Zip Code Kennedale, TX 76060	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) <hr/> Contributor address; City; State; Zip Code Kennedale, TX 76060	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodus DPM, Charles (Dr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

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2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 01/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76508	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code Temple, TX 76508	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code Temple, TX 76508	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code Temple, TX 76508	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code Temple, TX 76508	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/43 Rpt: 37/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 06/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76508	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucier DPM, Taylor (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucier DPM, Taylor (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

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2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 03/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77080	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/43 Rpt: 39/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 02/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of Contribution (\$) \$26.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/43 Rpt: 40/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 05/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinke, Paul (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/43 Rpt: 41/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 04/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77304	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/43 Rpt: 42/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 03/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Van Alstyne, TX 75495	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters DPM, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/43 Rpt: 43/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 01/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward DPM, Josh (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Davie, FL 33312	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Howard (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) <hr/> Contributor address; City; State; Zip Code DeSota, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) <hr/> Contributor address; City; State; Zip Code DeSota, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) <hr/> Contributor address; City; State; Zip Code DeSota, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/43 Rpt: 44/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 04/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) 6 Contributor address; City; State; Zip Code DeSota, TX 75115	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) Contributor address; City; State; Zip Code DeSota, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) Contributor address; City; State; Zip Code DeSota, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/43 Rpt: 45/46
2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 03/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) self
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wokasien DPM, Ronald L. (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Zale, Brian (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self