MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00015622

2 Total pages filed: 61

3 COMMITTEE NAME: Texas Optometric PAC

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 09/04/2025

Date Hand-delivered or Date Postmarked:

Receipt # / Amount:

Date Processed:

Date Imaged:

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP

3011 N. Lamar
Ste 300
Austin, TX 78705

5 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Ms.	Brenda J.	

NICKNAME	LAST	SUFFIX
BJ	Avery	

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3011 N. Lamar
Ste 300
Austin, TX 78705

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 707-2020

9 REPORT TYPE

- [X] Monthly
- [ ] 10th day after campaign treasurer termination
- [ ] Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE

- [ ] January 5
- [ ] February 5
- [ ] March 5
- [ ] April 5
- [ ] May 5
- [ ] June 5
- [ ] July 5
- [ ] August 5
- [X] September 5
- [ ] October 5
- [ ] November 5
- [ ] December 5

11 PERIOD COVERED

Month Day Year: 07/26/2025 THROUGH Month Day Year: 08/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Optometric PAC	00015622

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 26,192.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 17,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 354,844.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 AFFIDAVIT

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

Ms. Brenda J. Avery

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

SUBTOTALS - MPAC

FORM MPAC
COVER SHEET PG 3

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
Texas Optometric PAC	00015622

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 26,192.60
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$**
4.	[ ]	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
5.	[ ]	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
6.	[ ]	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
7.	[ ]	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
8.	[ ]	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
9.	[ ]	SCHEDULE E: LOANS	**$**
10.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 17,000.00
11.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
12.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
13.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
14.	[X]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 9,900.26
15.	[ ]	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: 1/54 Rpt: 4/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Acosta O.D., Celeste	$50.00
	6 Contributor address; City; State; Zip Code: Helotes, TX 78023	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Alexander O.D., Lindsey	$100.00
	Contributor address; City; State; Zip Code: Sunnyvale, TX 75182	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Ali O.D., Mohsan	$20.20
	Contributor address; City; State; Zip Code: Pearland, TX 77584	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Allen O.D., Mark	$50.00
	Contributor address; City; State; Zip Code: Atlanta, TX 75551	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Altig O.D., William	$400.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76137	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/54 Rpt: 5/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Amador O.D., Nancy	$100.00
	6 Contributor address; City; State; Zip Code: Leander, TX 78641	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Amin O.D., Opal	$50.00
	Contributor address; City; State; Zip Code: Austin, TX 78730	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Anderson O.D., Vanessa	$100.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79109	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Annunziato O.D., Tom	$200.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76008	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Arya O.D., Dimple	$50.00
	Contributor address; City; State; Zip Code: Sugar Land, TX 77479	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/54 Rpt: 6/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Balance O.D., Sherry	$20.20
	6 Contributor address; City; State; Zip Code: Cedar Park, TX 78613	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Barajas O.D., Juan	$50.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Barber O.D., Matt	$50.00
	Contributor address; City; State; Zip Code: Ft. Worth, TX 76116-5525	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Barnes O.D., Sophia	$200.00
	Contributor address; City; State; Zip Code: Houston, TX 77056	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Barraza O.D., Jessica	$30.00
	Contributor address; City; State; Zip Code: Killeen, TX 76542	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/54 Rpt: 7/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Barrera O.D., Enedelia	$50.00
	6 Contributor address; City; State; Zip Code: Pharr, TX 78577	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Bashover O.D., Matthew	$50.00
	Contributor address; City; State; Zip Code: Arlington, TX 76011	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Bate O.D., Joy	$50.00
	Contributor address; City; State; Zip Code: Haslet, TX 76052	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Bernay O.D., Deborah	$200.00
	Contributor address; City; State; Zip Code: La Porte, TX 77571	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Bhaga O.D., Sheetal	$100.00
	Contributor address; City; State; Zip Code: Frisco, TX 75036	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/54 Rpt: 8/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Birenbaum O.D., Robert	$100.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75234	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Bock O.D., Matthew	$20.20
	Contributor address; City; State; Zip Code: Houston, TX 77063	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Brending O.D., Gabrielle	$5.00
	Contributor address; City; State; Zip Code: Seabrook, TX 77586	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Brinegar O.D., Vaughn	$20.20
	Contributor address; City; State; Zip Code: Cedar Park, TX 78613	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Brochetti O.D., Brenda	$20.20
	Contributor address; City; State; Zip Code: Plano, TX 75075	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 6/54 Rpt: 9/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Broussard O.D., Wendy	$100.00
	6 Contributor address; City; State; Zip Code: Beaumont, TX 77701	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Brownlee O.D., Chris	$400.00
	Contributor address; City; State; Zip Code: Galveston, TX 77550	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Bryan O.D., Mai	$200.00
	Contributor address; City; State; Zip Code: Houston, TX 77004	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Bui O.D., Thoai	$100.00
	Contributor address; City; State; Zip Code: Carrollton, TX 75007	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Burket O.D., Caitlin	$5.20
	Contributor address; City; State; Zip Code: Harlingen, TX 78552	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 7/54 Rpt: 10/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Butler O.D., W	$50.00
	6 Contributor address; City; State; Zip Code: Round Rock, TX 78681	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Campbell O.D., Megan	$26.00
	Contributor address; City; State; Zip Code: Celina, TX 75009	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Cargo O.D., Jon	$200.00
	Contributor address; City; State; Zip Code: Irving, TX 75063	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Castleberry O.D., Kim	$400.00
	Contributor address; City; State; Zip Code: Plano, TX 75024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Catuncan O.D., Jennifer	$50.00
	Contributor address; City; State; Zip Code: Bedford, TX 76022	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 8/54 Rpt: 11/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Celico O.D., Brian	$50.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75231	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Cerda O.D., Juan	$400.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Chang O.D., Sarah	$52.00
	Contributor address; City; State; Zip Code: Houston, TX 77080	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Chen O.D., Alexander	$100.00
	Contributor address; City; State; Zip Code: Houston, TX 77004	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Cherry O.D., Brian	$200.00
	Contributor address; City; State; Zip Code: Ft Worth, TX 76137	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 9/54 Rpt: 12/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Cheyne O.D., Chris	$200.00
	6 Contributor address; City; State; Zip Code: Granbury, TX 76049	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Cheyne O.D., Chris	$200.00
	Contributor address; City; State; Zip Code: Granbury, TX 76049	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Chu O.D., Victoria	$52.00
	Contributor address; City; State; Zip Code: Austin, TX 78745	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Cobb O.D., James	$50.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79107	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Coble O.D., John	$200.00
	Contributor address; City; State; Zip Code: Greenville, TX 75401	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 10/54 Rpt: 13/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Colston O.D., Ben	$50.00
	6 Contributor address; City; State; Zip Code: Arlington, TX 76013	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Conley O.D., Alex	$50.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76131	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Contaldi O.D., Mario	$104.00
	Contributor address; City; State; Zip Code: N. Richland Hills, TX 76180	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Conte O.D., Michael	$100.00
	Contributor address; City; State; Zip Code: Lake Worth, TX 76135	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Cowan O.D., Steve	$100.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79109	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 11/54 Rpt: 14/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Cox O.D., Adam	$50.00
	6 Contributor address; City; State; Zip Code: Atlanta, TX 75551	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Culbertson O.D., Wayne	$50.00
	Contributor address; City; State; Zip Code: Dallas, TX 75225	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Dabney O.D., Brandon	$100.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Dang O.D., Thuyhong	$50.00
	Contributor address; City; State; Zip Code: Houston, TX 77007	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Dao O.D., Mavis	$20.00
	Contributor address; City; State; Zip Code: Pearland, TX 77584	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 12/54 Rpt: 15/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Davis O.D., Mark	$100.00
	6 Contributor address; City; State; Zip Code: San Antonio, TX 78259	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Dawn O.D., Rakich	$50.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78215	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Day, Jr O.D., Bob	$200.00
	Contributor address; City; State; Zip Code: Garland, TX 75041	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	DeLoach O.D., Joe	$100.00
	Contributor address; City; State; Zip Code: Dallas, TX 75219	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	DeMaggio O.D., Julie	$20.20
	Contributor address; City; State; Zip Code: Mansfield, TX 76063	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 13/54 Rpt: 16/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	DeShaw O.D., Jonathan	$50.00
	6 Contributor address; City; State; Zip Code: Garland, TX 75042	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Deakins O.D., Jennifer	$200.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76135	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Delay O.D., Richard	$200.00
	Contributor address; City; State; Zip Code: Boerne, TX 78015	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Delk O.D., Kyle	$25.00
	Contributor address; City; State; Zip Code: Port Neches, TX 77651	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Dennis O.D., Keith	$100.00
	Contributor address; City; State; Zip Code: Round Rock, TX 78664	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 14/54 Rpt: 17/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Desai O.D., Bindi	$25.00
	6 Contributor address; City; State; Zip Code: Whitesboro, TX 76273	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Dinh O.D., David	$100.00
	Contributor address; City; State; Zip Code: Dallas, TX 75206	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Dolce O.D., Jackson	$5.20
	Contributor address; City; State; Zip Code: Port Neches, TX 77651	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Dunnigan O.D., Shawn	$200.00
	Contributor address; City; State; Zip Code: Lumberton, TX 77657	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Duong O.D., Nghiem	$75.00
	Contributor address; City; State; Zip Code: Richardson, TX 75080	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 15/54 Rpt: 18/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Ellis O.D., John	$100.00
	6 Contributor address; City; State; Zip Code: El Paso, TX 79902	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Ermis O.D., Keith	$50.00
	Contributor address; City; State; Zip Code: Wharton, TX 77488	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Ezzell O.D., Steven	$52.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Fandry O.D., Ellen	$50.00
	Contributor address; City; State; Zip Code: seabrook, TX 77586	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Feeser O.D., Michael	$20.20
	Contributor address; City; State; Zip Code: Huntingtown, MD 20639	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 16/54 Rpt: 19/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Fleitman O.D., Cynthia	$100.00
	6 Contributor address; City; State; Zip Code: Gainesville, TX 76240	
8 Principal occupation / Job title (See Instructions): Optometrist	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Flores O.D., Amador	$100.00
	Contributor address; City; State; Zip Code: Laredo, TX 78041	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Fortenberry O.D., Sandra	$100.00
	Contributor address; City; State; Zip Code: Helotes, TX 78023	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Gamini O.D., Safi	$20.20
	Contributor address; City; State; Zip Code: Plano, TX 75093	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Garcia Holle O.D., Laura	$100.00
	Contributor address; City; State; Zip Code: San Angelo, TX 76904	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 17/54 Rpt: 20/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Garcia O.D., Claudia	$100.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77081	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Garza O.D., Janet	$50.00
	Contributor address; City; State; Zip Code: Houston, TX 77064	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Gee O.D., Kevin	$400.00
	Contributor address; City; State; Zip Code: Missouri City, TX 77459	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Gibson O.D., David	$30.00
	Contributor address; City; State; Zip Code: Lubbock, TX 79423	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Graham Hayter O.D., Paul	$200.00
	Contributor address; City; State; Zip Code: Irving, TX 75063	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 18/54 Rpt: 21/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Gray O.D., David	$50.00
	6 Contributor address; City; State; Zip Code: Midland, TX 79705	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Gray O.D., Jeannie	$50.00
	Contributor address; City; State; Zip Code: Midland, TX 79705	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Greeman III O.D., Nelson	$100.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78212	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Greeman O.D., Kevin	$50.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78212	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Green O.D., Leigh	$100.00
	Contributor address; City; State; Zip Code: Woodway, TX 76712	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 19/54 Rpt: 22/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Greene O.D., Matthew	$200.00
	6 Contributor address; City; State; Zip Code: College Station, TX 77845	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Greenstein O.D., Karena	$50.00
	Contributor address; City; State; Zip Code: Dallas, TX 75216	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Hall O.D., Jamie	$20.20
	Contributor address; City; State; Zip Code: Wills Point, TX 75169	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Hammond O.D., Deanna	$400.00
	Contributor address; City; State; Zip Code: Grand Prairie, TX 75052	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Hammond O.D., Eric	$100.00
	Contributor address; City; State; Zip Code: Austin, TX 78750	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 20/54 Rpt: 23/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Hanson O.D., Mark	$100.00
	6 Contributor address; City; State; Zip Code: Arlington, TX 76012	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Harper O.D., Ellener	$20.20
	Contributor address; City; State; Zip Code: Fort Worth, TX 76131	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Hart O.D., Peggy	$50.00
	Contributor address; City; State; Zip Code: Houston, TX 77079	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Harvey O.D., Cameo	$20.20
	Contributor address; City; State; Zip Code: Abilene, TX 79605	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Hawari O.D., Andy	$100.00
	Contributor address; City; State; Zip Code: Mineola, TX 75773	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 21/54 Rpt: 24/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Hawkins O.D., Heidi	$100.00
	6 Contributor address; City; State; Zip Code: Amarillo, TX 79109	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Heeg O.D., Paul	$100.00
	Contributor address; City; State; Zip Code: Coppell, TX 75019	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Hejny O.D., Whitney	$50.00
	Contributor address; City; State; Zip Code: Miles, TX 76861	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Helbert-Green O.D., Carolyn	$100.00
	Contributor address; City; State; Zip Code: Colleyville, TX 76034	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Henry O.D., Amy	$100.00
	Contributor address; City; State; Zip Code: Victoria, TX 77904	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 22/54 Rpt: 25/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Hoang O.D., Bao	$50.00
	6 Contributor address; City; State; Zip Code: Katy, TX 77494	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Hoang O.D., Kathy	$50.00
	Contributor address; City; State; Zip Code: Katy, TX 77494	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Holt O.D., Kerry	$100.00
	Contributor address; City; State; Zip Code: El Paso, TX 79934	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Hopping O.D., Ron	$100.00
	Contributor address; City; State; Zip Code: Friendswood, TX 77546	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Hutchins O.D., Jaclyn	$50.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78257	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 23/54 Rpt: 26/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Huynh O.D., Hieu	$50.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75240	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Jacob O.D., Erin	$50.00
	Contributor address; City; State; Zip Code: Lockhart, TX 78664	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Johle O.D., Sarah	$50.00
	Contributor address; City; State; Zip Code: Hutto, TX 78634	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Johnson O.D., Murray	$400.00
	Contributor address; City; State; Zip Code: Dallas, TX 75287	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Jones O.D., Jeffrey	$100.00
	Contributor address; City; State; Zip Code: Longview, TX 75605	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 24/54 Rpt: 27/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Jordan O.D., Emily	$50.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78746	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Karanges O.D., Gayle	$100.00
	Contributor address; City; State; Zip Code: Arlington, TX 76005	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Kelly O.D., Shawn	$50.00
	Contributor address; City; State; Zip Code: Plano, TX 75023	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Kemp O.D., Robert	$100.00
	Contributor address; City; State; Zip Code: Houston, TX 77015-2310	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Knight O.D., Millicent	$100.00
	Contributor address; City; State; Zip Code: Plano, TX 75093	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 25/54 Rpt: 28/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Kocian O.D., Larry	$104.00
	6 Contributor address; City; State; Zip Code: Harker Heights, TX 76548	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Kodukula O.D., Dipa	$50.00
	Contributor address; City; State; Zip Code: Austin, TX 78717	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Kuder O.D., Bryan	$20.20
	Contributor address; City; State; Zip Code: Carrollton, TX 75007	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Lagunas O.D., Claudio	$400.00
	Contributor address; City; State; Zip Code: The Woodlands, TX 77382	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Lam O.D., Sean	$20.20
	Contributor address; City; State; Zip Code: Houston, TX 77075	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 26/54 Rpt: 29/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Lambert O.D., Sawyer	$100.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77008	
8 Principal occupation / Job title (See Instructions): Optometrist	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Larry O.D., Gunnell	$100.00
	Contributor address; City; State; Zip Code: Witchita Falls, TX 76308	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Le O.D., Anne	$100.00
	Contributor address; City; State; Zip Code: Houston, TX 77072	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Le O.D., Anne	$100.00
	Contributor address; City; State; Zip Code: Houston, TX 77072	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Le O.D., Hoan	$50.00
	Contributor address; City; State; Zip Code: Spring, TX 76135	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 27/54 Rpt: 30/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Le O.D., Kevin	$5.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77054	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Le O.D., Lisa	$50.00
	Contributor address; City; State; Zip Code: Missouri City, TX 77459	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Linh O.D., Linh	$50.00
	Contributor address; City; State; Zip Code: Leander, TX 78641	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Lou O.D., Oliver	$100.00
	Contributor address; City; State; Zip Code: Cedar Park, TX 78613	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Lozano O.D., Daniela	$25.00
	Contributor address; City; State; Zip Code: Allen, TX 75002	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 28/54 Rpt: 31/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Lucas O.D., Thomas	$400.00
	6 Contributor address; City; State; Zip Code: Harker Heights, TX 76548	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Mai O.D., Kelly	$50.00
	Contributor address; City; State; Zip Code: Cypress, TX 77433	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Maldonado O.D., Michael	$50.00
	Contributor address; City; State; Zip Code: El Paso, TX 79902	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Maldonado O.D., Nicole	$50.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78249	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Maredia O.D., Nazia	$50.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 29/54 Rpt: 32/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Martin O.D., Michal	$50.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78735	
8 Principal occupation / Job title (See Instructions): Optometrist	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Martinez O.D., Michelle	$100.00
	Contributor address; City; State; Zip Code: Ft. Worth, TX 76244	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Masters O.D., Trishna	$20.20
	Contributor address; City; State; Zip Code: Arlington, TX 76006	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	McCarty O.D., Dennis	$50.00
	Contributor address; City; State; Zip Code: Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	McClain O.D., Christos	$20.20
	Contributor address; City; State; Zip Code: College Station, TX 77845	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 30/54 Rpt: 33/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	McCormick O.D., Michael	$50.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78759	
8 Principal occupation / Job title (See Instructions): Optometrist	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	McCown O.D., Joshua	$100.00
	Contributor address; City; State; Zip Code: Gatesville, TX 76528	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	McDaniel O.D., Stephen	$100.00
	Contributor address; City; State; Zip Code: DallaS, TX 75208	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	McGowan O.D., Joseph	$50.00
	Contributor address; City; State; Zip Code: AUSTIN, TX 78748-1051	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	McPherson O.D., Kimberly	$50.00
	Contributor address; City; State; Zip Code: North Richland Hills, TX 76180	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 31/54 Rpt: 34/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Means O.D., Stephen	$400.00
	6 Contributor address; City; State; Zip Code: Huntsville, TX 77340	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Montgomery O.D., Brandi	$50.00
	Contributor address; City; State; Zip Code: Missouri City, TX 77459	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Moon O.D., Deborah	$100.00
	Contributor address; City; State; Zip Code: Plano, TX 75024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Moore O.D., Tory	$100.00
	Contributor address; City; State; Zip Code: Dumas, TX 79029	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Mora O.D., David	$200.00
	Contributor address; City; State; Zip Code: Laredo, TX 78043	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 32/54 Rpt: 35/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Morozco O.D., Michael	$50.00
	6 Contributor address; City; State; Zip Code: San Antonio, TX 78240	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Mozdbar O.D., Sima	$20.20
	Contributor address; City; State; Zip Code: Austin, TX 78750	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Munson O.D., Kevin	$100.00
	Contributor address; City; State; Zip Code: Melissa, TX 75454	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Murrell O.D., Jessica	$20.20
	Contributor address; City; State; Zip Code: Spring, TX 77002	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Newman O.D., Clarke	$400.00
	Contributor address; City; State; Zip Code: Dallas, TX 75201	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 33/54 Rpt: 36/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Newton O.D., Ronald	$100.00
	6 Contributor address; City; State; Zip Code: Laredo, TX 78040	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Nguyen O.D., Hai	$50.00
	Contributor address; City; State; Zip Code: Portland, TX 78374	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Nguyen O.D., Jenifer	$50.00
	Contributor address; City; State; Zip Code: Addison, TX 75001	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Nguyen O.D., Quan	$100.00
	Contributor address; City; State; Zip Code: Houston, TX 77072	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Nguyen O.D., Steve	$200.00
	Contributor address; City; State; Zip Code: Dallas, TX 75224	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 34/54 Rpt: 37/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Nguyen O.D., Thai-An	$100.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75206	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Nguyen O.D., Thi	$50.00
	Contributor address; City; State; Zip Code: Austin, TX 78729	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Nguyen O.D., Tu	$50.00
	Contributor address; City; State; Zip Code: Cypress, TX 77429	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Nguyen O.D., Vicki	$50.00
	Contributor address; City; State; Zip Code: Grand Prairie, TX 75054	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Nichols O.D., Brian	$200.00
	Contributor address; City; State; Zip Code: Mt Pleasant, TX 75455	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 35/54 Rpt: 38/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	O'Brien O.D., Lisa	$50.00
	6 Contributor address; City; State; Zip Code: Amarillo, TX 79109	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Ousley O.D., Bruce	$100.00
	Contributor address; City; State; Zip Code: Highland Village, TX 75077	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Park O.D., Jon	$100.00
	Contributor address; City; State; Zip Code: Irving, TX 75063	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Pass O.D., Hulon	$100.00
	Contributor address; City; State; Zip Code: Fort Stockton, TX 79735	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Pass O.D., Joshua	$100.00
	Contributor address; City; State; Zip Code: Fort Stockton, TX 79735	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 36/54 Rpt: 39/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Patel O.D., Ajay	$100.00
	6 Contributor address; City; State; Zip Code: Frisco, TX 75035	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Patel O.D., Hiten	$200.00
	Contributor address; City; State; Zip Code: Kerrville, TX 78028	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Patel O.D., Kruti	$200.00
	Contributor address; City; State; Zip Code: Dallas, TX 75034	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Patel O.D., Nimisha	$20.20
	Contributor address; City; State; Zip Code: Houston, TX 77027	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Patel O.D., Samir	$200.00
	Contributor address; City; State; Zip Code: Beaumont, TX 77706	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 37/54 Rpt: 40/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Patrick O.D., Carey	$200.00
	6 Contributor address; City; State; Zip Code: Allen, TX 75002	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Pena O.D., Benny	$200.00
	Contributor address; City; State; Zip Code: Kerrville, TX 78028	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Pepin O.D., Allison	$52.00
	Contributor address; City; State; Zip Code: Georgetown, TX 78628	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Perez O.D., Elizabeth	$100.00
	Contributor address; City; State; Zip Code: Beeville, TX 78102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Peterson O.D., Christopher	$50.00
	Contributor address; City; State; Zip Code: Carrolton, TX 75006	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 38/54 Rpt: 41/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Peterson O.D., Savannah	$26.00
	6 Contributor address; City; State; Zip Code: Webster, TX 77598	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Philip O.D., Blessy	$20.00
	Contributor address; City; State; Zip Code: Coppell, TX 75019	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Phillips O.D., Jeff	$100.00
	Contributor address; City; State; Zip Code: Texarkana, TX 75503	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Pierce O.D., Jordan	$50.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76177	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Pillai O.D., Anith	$100.00
	Contributor address; City; State; Zip Code: Sugarland, TX 77479	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 39/54 Rpt: 42/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Poole O.D., Mohan	$100.00
	6 Contributor address; City; State; Zip Code: Marble Falls, TX 78654	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Prapta O.D., Shawn	$100.00
	Contributor address; City; State; Zip Code: Mansfield, TX 76063	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Prati O.D., Martin	$100.00
	Contributor address; City; State; Zip Code: Houston, TX 77058	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Proske O.D., Paul	$50.00
	Contributor address; City; State; Zip Code: Spring, TX 77379	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Ramirez O.D., Antonio	$100.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 40/54 Rpt: 43/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Ramirez-Shank O.D., Diane	$50.00
	6 Contributor address; City; State; Zip Code: San Antonio, TX 78232	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Ratcliff O.D., Reagan	$50.00
	Contributor address; City; State; Zip Code: Friendswood, TX 77546	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Reneau O.D., Aaron	$100.00
	Contributor address; City; State; Zip Code: Kingwood, TX 77345	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Reynolds O.D., Samantha	$52.00
	Contributor address; City; State; Zip Code: Haslet, TX 76052	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Robertson O.D., Reid	$50.00
	Contributor address; City; State; Zip Code: Allen, TX 75013	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 41/54 Rpt: 44/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Robertson O.D., Reid	$100.00
	6 Contributor address; City; State; Zip Code: Allen, TX 75013	
8 Principal occupation / Job title (See Instructions): Optometrist	**9** Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Robinson O.D., Beth	$100.00
	Contributor address; City; State; Zip Code: Friendswood, TX 77546	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Robinson O.D., Nathaniel	$100.00
	Contributor address; City; State; Zip Code: Lufkin, TX 75904	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Rodriguez O.D., Jaime	$50.00
	Contributor address; City; State; Zip Code: Weslaco, TX 78596	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Rojas O.D., Luis	$100.00
	Contributor address; City; State; Zip Code: Dallas, TX 75204	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 42/54 Rpt: 45/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Rosemore O.D., Corey	$20.20
	6 Contributor address; City; State; Zip Code: Frisco, TX 75035	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Rosemore O.D., Ryan	$50.00
	Contributor address; City; State; Zip Code: Frisco, TX 75033	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Salchak O.D., Robert	$100.00
	Contributor address; City; State; Zip Code: Sugarland, TX 77479	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Sandberg O.D., Kyle	$50.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Sappington O.D., Amanda	$50.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79119	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 43/54 Rpt: 46/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Sawhney O.D., Dimple	$100.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78723	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Segu O.D., Pat	$50.00
	Contributor address; City; State; Zip Code: Missouri City, TX 77459	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Shandley O.D., Brian	$400.00
	Contributor address; City; State; Zip Code: Lake Jackson, TX 77566	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Shannon O.D., Bridget	$50.00
	Contributor address; City; State; Zip Code: Frisco, TX 75035	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Shauger O.D., Susan	$100.00
	Contributor address; City; State; Zip Code: Austin, TX 78727	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 44/54 Rpt: 47/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Shidlofsky O.D., Charles	$50.00
	6 Contributor address; City; State; Zip Code: Plano, TX 75024	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Sianghio O.D., Leyden	$20.20
	Contributor address; City; State; Zip Code: San Antonio, TX 78255	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Sitterle O.D., Scott	$100.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78247	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Smith O.D., Cameron	$100.00
	Contributor address; City; State; Zip Code: Mansfield, TX 76063	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Sorrenson O.D., Laurie	$500.00
	Contributor address; City; State; Zip Code: Cedar Park, TX 78613	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 45/54 Rpt: 48/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Soto O.D., Nichole	$100.00
	6 Contributor address; City; State; Zip Code: Rockport, TX 78382	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Steven O.D., Kurtin	$200.00
	Contributor address; City; State; Zip Code: Dallas, TX 75252	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Strickland O.D., Clipper	$20.20
	Contributor address; City; State; Zip Code: Big Spring, TX 79720	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Strong O.D., Jane	$100.00
	Contributor address; City; State; Zip Code: Cypress, TX 77419	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Sturm O.D., Mark	$50.00
	Contributor address; City; State; Zip Code: Austin, TX 78749	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 46/54 Rpt: 49/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Sullivan O.D., Mitchell	$5.00
	6 Contributor address; City; State; Zip Code: Carrollton, TX 75006	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Taylor O.D., Alicia	$5.00
	Contributor address; City; State; Zip Code: Dallas, TX 75243	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Taylor O.D., Erin	$100.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79110	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Terrell O.D., Jenny	$50.00
	Contributor address; City; State; Zip Code: Hurst, TX 76054	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Terwilliger O.D., Josey	$5.00
	Contributor address; City; State; Zip Code: Houston, TX 77004	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Accountant	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 47/54 Rpt: 50/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Thames O.D., Lacey	$50.00
	6 Contributor address; City; State; Zip Code: Hutto, TX 78634	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Thomas O.D., Jack	$100.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79109	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Thomas O.D., Jeff	$50.00
	Contributor address; City; State; Zip Code: Melissa, TX 75454	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Thompson O.D., Melanie	$100.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79109	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Thornton O.D., Kristofer	$100.00
	Contributor address; City; State; Zip Code: Longview, TX 75605	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 48/54 Rpt: 51/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Tovias O.D., Mayra	$100.00
	6 Contributor address; City; State; Zip Code: Santa Fe, TX 77510	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Tran O.D., Anthony	$100.00
	Contributor address; City; State; Zip Code: Dallas, TX 75206	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Tran O.D., Jessica	$20.20
	Contributor address; City; State; Zip Code: Austin, TX 78759	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Tran O.D., Joshua	$5.20
	Contributor address; City; State; Zip Code: Richmond, TX 77407	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Tran O.D., Lori	$200.00
	Contributor address; City; State; Zip Code: Plano, TX 75024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 49/54 Rpt: 52/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Tran O.D., Toan	$50.00
	6 Contributor address; City; State; Zip Code: Carrollton, TX 75010	
8 Principal occupation / Job title (See Instructions): Optometrist	**9** Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Trichel O.D., Jessica	$20.20
	Contributor address; City; State; Zip Code: Texarkana, TX 75503	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Trinh O.D., Kim	$50.00
	Contributor address; City; State; Zip Code: Austin, TX 78728	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Tupa O.D., Faye	$50.00
	Contributor address; City; State; Zip Code: Ganado, TX 77962	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Turner O.D., Kimberly	$100.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78258	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 50/54 Rpt: 53/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Twa O.D., Michael	$50.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77019	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Tybor O.D., David	$400.00
	Contributor address; City; State; Zip Code: Austin, TX 78749	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Tybor O.D., John	$20.20
	Contributor address; City; State; Zip Code: Austin, TX 78746	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Upchurch O.D., Alan	$50.00
	Contributor address; City; State; Zip Code: McKinney, TX 75070	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Urizar O.D., Jocelyn	$50.00
	Contributor address; City; State; Zip Code: Houston, TX 77077	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 51/54 Rpt: 54/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
08/15/2025	Vasquez O.D., Celina	$50.00
	6 Contributor address; City; State; Zip Code: Palmview, TX 78572	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Vaughn O.D., Jamel	$50.00
	Contributor address; City; State; Zip Code: Lubbock, TX 79416	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Vorster O.D., Edward	$400.00
	Contributor address; City; State; Zip Code: Silsbee, TX 77656	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Wagner O.D., Troy	$200.00
	Contributor address; City; State; Zip Code: The Woodlands, TX 77382	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/15/2025	Warstler O.D., Ashley	$50.00
	Contributor address; City; State; Zip Code: Houston, TX 77042	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 52/54 Rpt: 55/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Wastani O.D., Arzoo	$25.00
	6 Contributor address; City; State; Zip Code: Plano, TX 75025	
8 Principal occupation / Job title (See Instructions): Optometrist	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Way O.D., David	$200.00
	Contributor address; City; State; Zip Code: Spring, TX 77379	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Weedman O.D., Audrey	$100.00
	Contributor address; City; State; Zip Code: New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Wei O.D., Deborah	$52.00
	Contributor address; City; State; Zip Code: Plano, TX 75024	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	West O.D., Jacob	$100.00
	Contributor address; City; State; Zip Code: Flint, TX 75762	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 53/54 Rpt: 56/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Wild O.D., Tristan	$100.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78730	
8 Principal occupation / Job title (See Instructions): Optometrist	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Wilken O.D., Bret	$50.00
	Contributor address; City; State; Zip Code: Coppell, TX 75019	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Williams O.D., Bryan	$20.20
	Contributor address; City; State; Zip Code: Dallas, TX 75226	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Williams O.D., James	$50.00
	Contributor address; City; State; Zip Code: Joplin, MO 64804	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Wilson O.D., Kent	$100.00
	Contributor address; City; State; Zip Code: Terrell, TX 75160	
Principal occupation / Job title (See Instructions): Optometrist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 54/54 Rpt: 57/61

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
08/15/2025	Wong O.D., Veronica	$50.00
	6 Contributor address; City; State; Zip Code: Kingwood, TX 77339	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Wright O.D., David	$200.00
	Contributor address; City; State; Zip Code: Seminole, TX 79360	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Wright O.D., Lance	$100.00
	Contributor address; City; State; Zip Code: Seminole, TX 79360	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Yee O.D., Jamie	$100.00
	Contributor address; City; State; Zip Code: Dallas, TX 75033	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
08/15/2025	Yeh O.D., Shihwei	$50.00
	Contributor address; City; State; Zip Code: Frisco, TX 75035	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Optometrist	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 58/61	Texas Optometric PAC	00015622

4 Date	5 Payee name
08/04/2025	David Cook Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$3,000.00	309 E Broad St
☐ Expenditure from corporate funds	Mansfield, TX 76063

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contributions

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
08/04/2025	Dennis Paul Campaign

Amount ($)	Payee address; City; State; Zip Code
$3,000.00	626 Barringer Lane Ste. A
☐ Expenditure from corporate funds	Webster, TX 77598

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contributions

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
08/04/2025	Leigh Wambsganss Campaign

Amount ($)	Payee address; City; State; Zip Code
$3,000.00	600 N Carroll Ave
☐ Expenditure from corporate funds	Southlake, TX 76092

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contributions

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 59/61	Texas Optometric PAC	00015622

4 Date	5 Payee name
07/26/2025	Rocky Thigpen Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$5,000.00	405 West Frank Ave
☐ Expenditure from corporate funds	Lufkin, TX 75904

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contributions

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
08/04/2025	Trent Ashby Campaign

Amount ($)	Payee address; City; State; Zip Code
$3,000.00	PO Box 412
☐ Expenditure from corporate funds	Lufkin, TX 75902

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Contributions

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622

4 Date 08/06/2025	5 Payee name Authorize.net	
6 Amount ($) 96.54 [X] Expenditure from corporate funds	7 Payee Address; City; State; Zip 808 E Utah Valley Dr American Fork, UT 84003	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 08/06/2025	Payee name Carriage House Partners	
Amount ($) 6,250.00 [X] Expenditure from corporate funds	Payee Address; City; State; Zip 5502 Hidden Trails Arlington, TX 76017	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Lobbyist
Date 08/04/2025	Payee name Clem, Mike	
Amount ($) 851.50 [X] Expenditure from corporate funds	Payee Address; City; State; Zip 10155 Shadyview Dallas, TX 75238	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 08/25/2025	Payee name Paypal	
Amount ($) 450.52 [X] Expenditure from corporate funds	Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Payment fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	**2** FILER NAME Texas Optometric PAC	**3** Filer ID (Ethics Commission Filers) 00015622

4 Date 08/23/2025	**5** Payee name QuickBooks Payments
6 Amount ($) 607.00 [X] Expenditure from corporate funds	**7** Payee Address; City; State; Zip 2632 Marine Way Mountain View, CA 94043

8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See instructions for examples of acceptable categories) Accounting/Banking	**(b)** Description (See instructions regarding type of information required.) Accounting Services & Bank Fees

Date 08/04/2025	Payee name TOA Facility
Amount ($) 1,644.70 [X] Expenditure from corporate funds	Payee Address; City; State; Zip 3011 N Lamar ste 300 Austin, TX 78705

PURPOSE OF EXPENDITURE	**(a)** Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	**(b)** Description (See instructions regarding type of information required.) Accounting Services & Bank Fees