

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

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

| | | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 26,183.16 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 353,529.11 |
| 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

| | | |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 17 COMMITTEE NAME Texas Optometric PAC | | 18 Filer ID (Ethics Commission Filers) 00015622 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 26,183.16 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 10,399.92 |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/54 Rpt: 4/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta O.D., Celeste <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander O.D., Lindsey <hr/> Contributor address; City; State; Zip Code Sunnyvale, TX 75182 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali O.D., Mohsan <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen O.D., Mark <hr/> Contributor address; City; State; Zip Code Atlanta, TX 75551 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison O.D., Joseph <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/54 Rpt: 5/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altig O.D., William <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137 | 7 Amount of Contribution (\$) \$400.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson O.D., Vanessa <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annunziato O.D., Tom <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76008 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arendt O.D., Lily <hr/> Contributor address; City; State; Zip Code Fair Oaks, TX 78015 | Amount of Contribution (\$) \$33.90 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arya O.D., Dimple <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/54 Rpt: 6/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballance O.D., Sherry <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613 | 7 Amount of Contribution (\$) \$20.20 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barajas O.D., Juan <hr/> Contributor address; City; State; Zip Code Mission, TX 78572 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber O.D., Matt <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76116-5525 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barraza O.D., Jessica <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera O.D., Enedelia <hr/> Contributor address; City; State; Zip Code Pharr, TX 78577 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/54 Rpt: 7/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bashover O.D., Matthew <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76011 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass O.D., John <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76109 | Amount of Contribution (\$) \$110.52 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bate O.D., Joy <hr/> Contributor address; City; State; Zip Code Haslet, TX 76052 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernay O.D., Deborah <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhaga O.D., Sheetal <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036 | Amount of Contribution (\$) \$54.98 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/54 Rpt: 8/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bock O.D., Matthew <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77063 | 7 Amount of Contribution (\$) \$20.20 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brending O.D., Gabrielle <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinegar O.D., Vaughn <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brochetti O.D., Brenda <hr/> Contributor address; City; State; Zip Code Plano, TX 75075 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard O.D., Wendy <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/54 Rpt: 9/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bui O.D., Thoai <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75007 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler O.D., W <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell O.D., Megan <hr/> Contributor address; City; State; Zip Code Celina, TX 75009 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cargo O.D., Jon <hr/> Contributor address; City; State; Zip Code Irving, TX 75063 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter O.D., Trey <hr/> Contributor address; City; State; Zip Code Celina, TX 75009 | Amount of Contribution (\$) \$7.11 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/54 Rpt: 10/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casillas O.D., Eric <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78249 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cass O.D., Peter <hr/> Contributor address; City; State; Zip Code Lumberton, TX 77657 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castleberry O.D., Kim <hr/> Contributor address; City; State; Zip Code Plano, TX 75024 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catuncan O.D., Jennifer <hr/> Contributor address; City; State; Zip Code Bedford, TX 76022 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celico O.D., Brian <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/54 Rpt: 11/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerda O.D., Juan <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78501 | 7 Amount of Contribution (\$) \$400.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen O.D., Alexander <hr/> Contributor address; City; State; Zip Code Houston, TX 77004 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherry O.D., Brian <hr/> Contributor address; City; State; Zip Code Ft Worth, TX 76137 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheyne O.D., Chris <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheyne O.D., Chris <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/54 Rpt: 12/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb O.D., James <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79107 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coble O.D., John <hr/> Contributor address; City; State; Zip Code Greenville, TX 75401 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston O.D., Ben <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contaldi O.D., Mario <hr/> Contributor address; City; State; Zip Code N. Richland Hills, TX 76180 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conte O.D., Michael <hr/> Contributor address; City; State; Zip Code Lake Worth, TX 76135 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/54 Rpt: 13/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooke O.D., Kyle <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan O.D., Steve <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox O.D., Adam <hr/> Contributor address; City; State; Zip Code Atlanta, TX 75551 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culbertson O.D., Wayne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabney O.D., Brandon <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79102 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/54 Rpt: 14/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dang O.D., Thuyhong <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dao O.D., Mavis <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis O.D., Mark <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn O.D., Rakich <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78215 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Jr O.D., Bob <hr/> Contributor address; City; State; Zip Code Garland, TX 75041 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/54 Rpt: 15/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLoach O.D., Joe <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeMaggio O.D., Julie <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeShaw O.D., Jonathan <hr/> Contributor address; City; State; Zip Code Garland, TX 75042 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deakins O.D., Jennifer <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76135 | Amount of Contribution (\$) \$54.98 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delay O.D., Richard <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/54 Rpt: 16/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delk O.D., Kyle <hr/> 6 Contributor address; City; State; Zip Code Port Neches, TX 77651 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis O.D., Keith <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deviney O.D., Jason <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209 | Amount of Contribution (\$) \$54.98 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinh O.D., David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunnigan O.D., Shawn <hr/> Contributor address; City; State; Zip Code Lumberton, TX 77657 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/54 Rpt: 17/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duong O.D., Nghiem <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080 | 7 Amount of Contribution (\$) \$214.79 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis O.D., John <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ermis O.D., Keith <hr/> Contributor address; City; State; Zip Code Wharton, TX 77488 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feeser O.D., Michael <hr/> Contributor address; City; State; Zip Code Huntingtown, MD 20639 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleitman O.D., Cynthia <hr/> Contributor address; City; State; Zip Code Gainesville, TX 76240 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/54 Rpt: 18/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores O.D., Amador <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78041 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamini O.D., Safi <hr/> Contributor address; City; State; Zip Code Plano, TX 75093 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia O.D., Claudia <hr/> Contributor address; City; State; Zip Code Houston, TX 77081 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza O.D., Janet <hr/> Contributor address; City; State; Zip Code Houston, TX 77064 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee O.D., Kevin <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/54 Rpt: 19/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson O.D., David <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez O.D., Jaime <hr/> Contributor address; City; State; Zip Code Plano, TX 75093 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham Hayter O.D., Paul <hr/> Contributor address; City; State; Zip Code Irving, TX 75063 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray O.D., Jeannie <hr/> Contributor address; City; State; Zip Code Midland, TX 79705 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray O.D., Jeannie <hr/> Contributor address; City; State; Zip Code Midland, TX 79705 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/54 Rpt: 20/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greeman III O.D., Nelson <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greeman O.D., Kevin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green O.D., Leigh <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene O.D., Matthew <hr/> Contributor address; City; State; Zip Code College Station, TX 77845 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenstein O.D., Karena <hr/> Contributor address; City; State; Zip Code Dallas, TX 75216 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/54 Rpt: 21/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall O.D., Jamie | 7 Amount of Contribution (\$) \$20.20 |
| | 6 Contributor address; City; State; Zip Code Wills Point, TX 75169 | |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond O.D., Deanna | Amount of Contribution (\$) \$400.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052 | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond O.D., Eric | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78750 | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson O.D., Mark | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012 | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper O.D., Ellener | Amount of Contribution (\$) \$20.20 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76131 | |
| 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: 19/54 Rpt: 22/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart O.D., Peggy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77079 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey O.D., Cameo <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawari O.D., Andy <hr/> Contributor address; City; State; Zip Code Mineola, TX 75773 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins O.D., Heidi <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayter O.D., Paul <hr/> Contributor address; City; State; Zip Code Irving, TX 75063 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/54 Rpt: 23/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heeg O.D., Paul <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hejny O.D., Whitney <hr/> Contributor address; City; State; Zip Code Miles, TX 76861 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry O.D., Amy <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang O.D., Bao <hr/> Contributor address; City; State; Zip Code Katy, TX 77494 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang O.D., Kathy <hr/> Contributor address; City; State; Zip Code Katy, TX 77494 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/54 Rpt: 24/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holle O.D., Laura <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76904 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopping O.D., Ron <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchins O.D., Jaclyn <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh O.D., Hieu <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob O.D., Erin <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78664 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/54 Rpt: 25/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johle O.D., Sarah <hr/> 6 Contributor address; City; State; Zip Code Hutto, TX 78634 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson O.D., Murray <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones O.D., Jeffrey <hr/> Contributor address; City; State; Zip Code Longview, TX 75605 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan O.D., Emily <hr/> Contributor address; City; State; Zip Code Austin, TX 78746 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karanges O.D., Gayle <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/54 Rpt: 26/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly O.D., Shawn <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp O.D., Robert <hr/> Contributor address; City; State; Zip Code Houston, TX 77015-2310 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight O.D., Millicent <hr/> Contributor address; City; State; Zip Code Plano, TX 75093 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Accountant | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kodukula O.D., Dipa <hr/> Contributor address; City; State; Zip Code Austin, TX 78717 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuder O.D., Bryan <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/54 Rpt: 27/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagunas O.D., Claudio <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77382 | 7 Amount of Contribution (\$) \$400.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lam O.D., Sean <hr/> Contributor address; City; State; Zip Code Houston, TX 77075 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert O.D., Sawyer <hr/> Contributor address; City; State; Zip Code Houston, TX 77008 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry O.D., Gunnell <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Anne <hr/> Contributor address; City; State; Zip Code Houston, TX 77072 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/54 Rpt: 28/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Anne <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77072 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Hoan <hr/> Contributor address; City; State; Zip Code Spring, TX 76135 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Kevin <hr/> Contributor address; City; State; Zip Code Houston, TX 77054 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Lisa <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linh O.D., Linh <hr/> Contributor address; City; State; Zip Code Leander, TX 78641 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/54 Rpt: 29/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lou O.D., Oliver <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas O.D., Thomas <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mai O.D., Kelly <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Makler O.D., Edward <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado O.D., Michael <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/54 Rpt: 30/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado O.D., Nicole | 7 Amount of Contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code San Antonio, TX 78249 | | |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maredia O.D., Nazia | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78504 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez O.D., Michelle | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Ft. Worth, TX 76244 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters O.D., Trishna | Amount of Contribution (\$) \$20.20 |
| Contributor address; City; State; Zip Code Arlington, TX 76006 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty O.D., Dennis | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Cedar Park, TX 78613 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 28/54 Rpt: 31/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClain O.D., Christos <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845 | 7 Amount of Contribution (\$) \$20.20 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormick O.D., Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78759 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCown O.D., Joshua <hr/> Contributor address; City; State; Zip Code Gatesville, TX 76528 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel O.D., Stephen <hr/> Contributor address; City; State; Zip Code DallaS, TX 75208 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan O.D., Joseph <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78748-1051 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 29/54 Rpt: 32/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPherson O.D., Kimberly <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Means O.D., Stephen <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77340 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery O.D., Brandi <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore O.D., Tory <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mora O.D., David <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 30/54 Rpt: 33/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morozco O.D., Michael <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mozdbar O.D., Sima <hr/> Contributor address; City; State; Zip Code Austin, TX 78750 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson O.D., Kevin <hr/> Contributor address; City; State; Zip Code Melissa, TX 75454 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murrell O.D., Jessica <hr/> Contributor address; City; State; Zip Code Spring, TX 77002 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman O.D., Clarke <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 31/54 Rpt: 34/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton O.D., Ronald <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78040 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Hai <hr/> Contributor address; City; State; Zip Code Portland, TX 78374 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Jenifer <hr/> Contributor address; City; State; Zip Code Addison, TX 75001 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Quan <hr/> Contributor address; City; State; Zip Code Houston, TX 77072 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Steve <hr/> Contributor address; City; State; Zip Code Dallas, TX 75224 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 32/54 Rpt: 35/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Thai-An <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Tu <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Vicki <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols O.D., Brian <hr/> Contributor address; City; State; Zip Code Mt Pleasant, TX 75455 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien O.D., Lisa <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 33/54 Rpt: 36/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ousley O.D., Bruce <hr/> 6 Contributor address; City; State; Zip Code Highland Village, TX 75077 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park O.D., Jon <hr/> Contributor address; City; State; Zip Code Irving, TX 75063 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pass O.D., Hulon <hr/> Contributor address; City; State; Zip Code Fort Stockton, TX 79735 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pass O.D., Joshua <hr/> Contributor address; City; State; Zip Code Fort Stockton, TX 79735 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Ajay <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 34/54 Rpt: 37/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Hiten <hr/> 6 Contributor address; City; State; Zip Code Kerrville, TX 78028 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Nimisha <hr/> Contributor address; City; State; Zip Code Houston, TX 77027 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Samir <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick O.D., Carey <hr/> Contributor address; City; State; Zip Code Allen, TX 75002 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattni O.D., Samir <hr/> Contributor address; City; State; Zip Code Plano, TX 75023 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 35/54 Rpt: 38/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena O.D., Benny <hr/> 6 Contributor address; City; State; Zip Code Kerrville, TX 78028 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez O.D., Elizabeth <hr/> Contributor address; City; State; Zip Code Beeville, TX 78102 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson O.D., Christopher <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham O.D., Janna <hr/> Contributor address; City; State; Zip Code Houston, TX 77008 | Amount of Contribution (\$) \$54.98 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham O.D., Kevin <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76131 | Amount of Contribution (\$) \$12.11 |
| 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: 36/54 Rpt: 39/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip O.D., Blessy | 7 Amount of Contribution (\$) \$20.00 |
| 6 Contributor address; City; State; Zip Code Coppell, TX 75019 | | |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips O.D., Jeff | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Texarkana, TX 75503 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce O.D., Jordan | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76177 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillai O.D., Anith | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Sugarland, TX 77479 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poole O.D., Mohan | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Marble Falls, TX 78654 | | |
| 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: 37/54 Rpt: 40/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prapta O.D., Shawn <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prati O.D., Martin <hr/> Contributor address; City; State; Zip Code Houston, TX 77058 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proske O.D., Paul <hr/> Contributor address; City; State; Zip Code Spring, TX 77379 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raley O.D., Audrey <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez O.D., Antonio <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 38/54 Rpt: 41/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez-Shank O.D., Diane <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratcliff O.D., Reagan <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reneau O.D., Aaron <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds O.D., Samantha <hr/> Contributor address; City; State; Zip Code Haslet, TX 76052 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley O.D., Kelly <hr/> Contributor address; City; State; Zip Code Brownfield, TX 79316 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 39/54 Rpt: 42/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson O.D., Reid <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson O.D., Reid <hr/> Contributor address; City; State; Zip Code Allen, TX 75013 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson O.D., Beth <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson O.D., Nathaniel <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez O.D., Jaime <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78596 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 40/54 Rpt: 43/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rojas O.D., Luis <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemore O.D., Corey <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemore O.D., Ryan <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salchak O.D., Robert <hr/> Contributor address; City; State; Zip Code Sugarland, TX 77479 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandberg O.D., Kyle <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 41/54 Rpt: 44/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sappington O.D., Amanda <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79119 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawhney O.D., Dimple <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scasta O.D., Tracey <hr/> Contributor address; City; State; Zip Code College Station, TX 77840 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scasta O.D., Tracey <hr/> Contributor address; City; State; Zip Code College Station, TX 77840 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmiedecke O.D., Stephanie <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248 | Amount of Contribution (\$) \$24.05 |
| 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: 45/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segu O.D., Pat <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shandley O.D., Brian <hr/> Contributor address; City; State; Zip Code Lake Jackson, TX 77566 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon O.D., Bridget <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shauger O.D., Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78727 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shidlofsky O.D., Charles <hr/> Contributor address; City; State; Zip Code Plano, TX 75024 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 43/54 Rpt: 46/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sianghio O.D., Leyden <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78255 | 7 Amount of Contribution (\$) \$20.20 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sitterle O.D., Scott <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith O.D., Cameron <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorenson O.D., Laurie <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto O.D., Nichole <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 44/54 Rpt: 47/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven O.D., Kurtin <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75252 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokol O.D., Arnold <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland O.D., Clipper <hr/> Contributor address; City; State; Zip Code Big Spring, TX 79720 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong O.D., Jane <hr/> Contributor address; City; State; Zip Code Cypress, TX 77419 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturm O.D., Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78749 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 45/54 Rpt: 48/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan O.D., Mitchell <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75006 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tang O.D., Linh <hr/> Contributor address; City; State; Zip Code Leander, TX 78641 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor O.D., Alicia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor O.D., Erin <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79110 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrell O.D., Jenny <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054 | Amount of Contribution (\$) \$54.98 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 46/54 Rpt: 49/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terwilliger O.D., Josey <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thames O.D., Lacey <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas O.D., Jack <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas O.D., Jeff <hr/> Contributor address; City; State; Zip Code Melissa, TX 75454 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson O.D., Melanie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 47/54 Rpt: 50/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton O.D., Kristofer <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75605 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tovias O.D., Mayra <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Jessica <hr/> Contributor address; City; State; Zip Code Austin, TX 78759 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Lori <hr/> Contributor address; City; State; Zip Code Plano, TX 75024 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 48/54 Rpt: 51/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Tina <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77084 | 7 Amount of Contribution (\$) \$12.11 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Toan <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trichel O.D., Jessica <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503 | Amount of Contribution (\$) \$20.20 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trinh O.D., Kim <hr/> Contributor address; City; State; Zip Code Austin, TX 78728 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tupa O.D., Faye <hr/> Contributor address; City; State; Zip Code Ganado, TX 77962 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 49/54 Rpt: 52/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner O.D., Kimberly | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code San Antonio, TX 78258 | | |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twa O.D., Michael | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Houston, TX 77019 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tybor O.D., David | Amount of Contribution (\$) \$400.00 |
| Contributor address; City; State; Zip Code Austin, TX 78749 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tybor O.D., John | Amount of Contribution (\$) \$20.20 |
| Contributor address; City; State; Zip Code Austin, TX 78746 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upchurch O.D., Alan | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75070 | | |
| 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: 53/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urizar O.D., Jocelyn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urizar O.D., Jocelyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77077 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdes O.D., Matt <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez O.D., Antonio <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez O.D., Celina <hr/> Contributor address; City; State; Zip Code Palmview, TX 78572 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 51/54 Rpt: 54/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn O.D., Jamel | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Lubbock, TX 79416 | |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vorster O.D., Edward | Amount of Contribution (\$) \$400.00 |
| | Contributor address; City; State; Zip Code Silsbee, TX 77656 | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner O.D., Troy | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code The Woodlands, TX 77382 | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters O.D., Mary Kate | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76008 | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wampler O.D., Kim | Amount of Contribution (\$) \$81.04 |
| | Contributor address; City; State; Zip Code Cedar Park, TX 78613 | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 52/54 Rpt: 55/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warstler O.D., Ashley | 7 Amount of Contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77042 | | |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wicks O.D., Colton | Amount of Contribution (\$) \$110.52 |
| Contributor address; City; State; Zip Code Cooper, TX 75432 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild O.D., Tristan | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Austin, TX 78730 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilken O.D., Bret | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Coppell, TX 75019 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams O.D., Bryan | Amount of Contribution (\$) \$20.20 |
| Contributor address; City; State; Zip Code Dallas, TX 75226 | | |
| 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: 56/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams O.D., James | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Joplin, MO 64804 | |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson O.D., Kent | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Terrell, TX 75160 | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong O.D., Veronica | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Kingwood, TX 77339 | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright O.D., David | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Seminole, TX 79360 | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright O.D., Lance | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Seminole, TX 79360 | |
| 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: 57/59 |
| 2 FILER NAME Texas Optometric PAC | | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xhaferi O.D., Julianna | 7 Amount of Contribution (\$) \$12.11 |
| 6 Contributor address; City; State; Zip Code San Antonio, TX 78240 | | |
| 8 Principal occupation / Job title (See Instructions) Optometrist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yee O.D., Jamie | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75033 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeh O.D., Shihwei | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Frisco, TX 75035 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zavala O.D., Noah | Amount of Contribution (\$) \$30.00 |
| Contributor address; City; State; Zip Code Texas City, TX 77590 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule I: Sch: 1/2 Rpt: | 2 FILER NAME Texas Optometric PAC | 3 Filer ID (Ethics Commission Filers) 00015622 |
| 4 Date 12/11/2025 | 5 Payee name Authorize.net | |
| 6 Amount (\$) 40.00 <input checked="" type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 808 E Utah Valley Dr American Fork, UT 84003 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees |
| Date 12/04/2025 | Payee name Carriage House Partners | |
| Amount (\$) 6,250.00 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 5502 Hidden Trails Arlington, TX 76017 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Lobbyist |
| Date 12/24/2025 | Payee name Clem, Mike | |
| Amount (\$) 935.01 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 10155 Shadyview Dallas, TX 75238 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees |
| Date 12/24/2025 | Payee name DonorPerfect | |
| Amount (\$) 281.86 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip PO Box 830578 Philadelphia, PA 19182 | |
| 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 |

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 12/08/2025 | 5 Payee name Membership Marketing | |
| 6 Amount (\$) 315.00 <input checked="" type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 1280 Perimeter Parkway Virginia Beach, VA 23454 | |
| 8 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 12/24/2025 | Payee name Paypal | |
| Amount (\$) 422.25 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Payment fee |
| Date 12/23/2025 | Payee name QuickBooks Payments | |
| Amount (\$) 550.14 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 2632 Marine Way Mountain View, CA 94043 | |
| 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 12/05/2025 | Payee name TOA Facility | |
| Amount (\$) 1,605.66 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 3011 N Lamar ste 300 Austin, TX 78705 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees |