

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00062672	2 Total pages filed: 69
3 COMMITTEE NAME DOCPAC of Texas			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd. Napa, CA 94558-0900		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Elizabeth NICKNAME LAST SUFFIX Healy		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd. Napa, CA 94558-0900		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 185 Greenwood Rd. Napa, CA 94558-0900		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (707) 226-0413		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2025 THROUGH Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME DOCPAC of Texas	13 Filer ID (Ethics Commission Filers) 00062672
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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	\$ 395.84
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,859.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 202,243.57
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. Elizabeth Healy

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME DOCPAC of Texas		18 Filer ID (Ethics Commission Filers) 00062672
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,393.40
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 checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 5,466.15
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2,348.67

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/62 Rpt: 4/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABREU-LAWRENCE, CHARITY <hr/> 6 Contributor address; City; State; Zip Code Mission, TX 78572-4529	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABREU-LAWRENCE, CHARITY <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-6615	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AHMED, BISMA <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628-1290	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AHMED, BISMA <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628-1290	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALAZAR, MAURICE <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76033-7029	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/62 Rpt: 5/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHNAGAR, SAJJAD <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76006-3002	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHNAGAR, SAJJAD <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006-3002	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abo-Kayass, Ahmad (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-7755	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Afzal, Rabeea <hr/> Contributor address; City; State; Zip Code Katy, TX 77493-5160	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Afzal, Rabeea <hr/> Contributor address; City; State; Zip Code Katy, TX 77493-5160	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/62 Rpt: 6/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alford, Brian (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016-4537	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alkudmani, Hania (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78730-3125	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaya Grever, Iliana (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256-2495	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaya Grever, Iliana (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256-2495	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Dorian (Dr.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072-3308	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/62 Rpt: 7/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Dorian (Dr.) <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75072-3308	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Miriam (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-4224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aponte, Miriam (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-4224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayyash, Noora (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2907	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayyash, Noora (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2907	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/62 Rpt: 8/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAIDOO, JOSEPH <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459-7251	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BATENBURG, CAROLINE <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-4170	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILAL, KIRAN <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$135.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagnabana, Lawkpezi <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-4668	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagnabana, Lawkpezi <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-4668	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/62 Rpt: 9/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagnabana, Lawkpezi <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056-4668	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bateman, Darin (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessey, Christopher (Dr.) <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-7062	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessey, Christopher (Dr.) <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-7062	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brann, Christopher <hr/> Contributor address; City; State; Zip Code Houston, TX 77063-5540	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/62 Rpt: 10/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brar, Chamandeep (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-4409	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brar DDS, Kamaljeet (Dr.) <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-3251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brar DDS, Kamaljeet (Dr.) <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-3251	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Lena (Dr.) <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510-7608	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CULVER, ABBY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220-1814	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/62 Rpt: 11/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CULVER, ABBY 6 Contributor address; City; State; Zip Code Dallas, TX 75220-1814	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Kelly (Dr.) Contributor address; City; State; Zip Code Austin, TX 78731-3341	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardona MD, Emilio Contributor address; City; State; Zip Code Houston, TX 77030-4523	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Joshua (Dr.) Contributor address; City; State; Zip Code Austin, TX 78745-2361	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Joshua (Dr.) Contributor address; City; State; Zip Code Austin, TX 78745-2361	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/62 Rpt: 12/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Joshua (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745-2361	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Javen (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255-1041	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Javen (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255-1041	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Cecilia <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-5212	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Cecilia <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-5212	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/62 Rpt: 13/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanana, Nitin (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092-5908	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanana, Nitin (Dr.) <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-5908	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chelebian, Jack <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-8107	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chelebian, Jack <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-8107	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chelebian, Jack <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-8107	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/62 Rpt: 14/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chelebian, Jack <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418-8107	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chelebian, Jack <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-8107	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chelebian, Jack <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-8107	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhatlani, Aarti (Dr.) <hr/> Contributor address; City; State; Zip Code Marble Falls, TX 78654-6026	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhatlani, Aarti (Dr.) <hr/> Contributor address; City; State; Zip Code Marble Falls, TX 78654-6026	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/62 Rpt: 15/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choumarov, Gueorgui <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79765-8555	7 Amount of Contribution (\$) \$180.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Brian (Dr.) <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-3356	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Brian (Dr.) <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-3356	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colon, Javier <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256-2557	Amount of Contribution (\$) \$66.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronel, Nicholas (Dr.) <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-5125	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/62 Rpt: 16/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronel, Nicholas (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023-5125	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Cameron (Dr.) <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2259	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Cameron (Dr.) <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2259	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARAMOLA, JOHN <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4810	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIES, OLUWASEUN <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-3707	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/62 Rpt: 17/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIES, OLUWASEUN <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-3707	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUNLAP, WADE <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-1719	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUNLAP, WADE <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-1719	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURAN, ALBERT <hr/> Contributor address; City; State; Zip Code Mission, TX 78573-0011	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Judi <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-5848	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/62 Rpt: 18/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 08/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deguzman, John Paul <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78717-6063	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deguzman, John Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78717-6063	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshmukh, Shweta (Dr.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-7418	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshmukh, Shweta (Dr.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-7418	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dike, Nnamdi (Dr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035-1020	Amount of Contribution (\$) \$66.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/62 Rpt: 19/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dike, Nnamdi (Dr.) 6 Contributor address; City; State; Zip Code Frisco, TX 75035-1020	7 Amount of Contribution (\$) \$66.67
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Jessie (Dr.) Contributor address; City; State; Zip Code Houston, TX 77007-5854	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuBois, Holly Contributor address; City; State; Zip Code San Antonio, TX 78218-6033	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuBois, Holly Contributor address; City; State; Zip Code San Antonio, TX 78218-6033	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubray, Olivia Contributor address; City; State; Zip Code Round Rock, TX 78664-8002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/62 Rpt: 20/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsherif, Ahmed (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77433-3404	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsherif, Ahmed (Dr.) <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-3404	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERNANDEZ, EDGAR <hr/> Contributor address; City; State; Zip Code El Paso, TX 79935-3046	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERNANDEZ, EDGAR <hr/> Contributor address; City; State; Zip Code El Paso, TX 79936-8902	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fagan, Fallon (Dr.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-2169	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/62 Rpt: 21/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faglie, Brad (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Haslet, TX 76052	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faye, Justin <hr/> Contributor address; City; State; Zip Code McAllen, TX 78503-2919	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faye, Justin <hr/> Contributor address; City; State; Zip Code McAllen, TX 78503-2919	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischbach, Rosemarie (Dr.) <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634-5016	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Roberto (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-4268	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/62 Rpt: 22/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Georgeanne <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-4891	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Georgeanne <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4891	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Deborah (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2341	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Deborah (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2341	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GADDAM, SATISH <hr/> Contributor address; City; State; Zip Code Dallas, TX 75246-1632	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/62 Rpt: 23/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GADDAM, SATISH 6 Contributor address; City; State; Zip Code Dallas, TX 75246-1632	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIFFIN, KAYLENE Contributor address; City; State; Zip Code Sherman, TX 75092-7388	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ramon (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78212-4516	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gherman, Elena (Dr.) Contributor address; City; State; Zip Code Castle Hills, TX 78213-1831	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Ravneetinder (Dr.) Contributor address; City; State; Zip Code Highland Village, TX 75077-1833	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/62 Rpt: 24/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Ravneetinder (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Highland Village, TX 75077-1833	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, David (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77041-5758	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, David (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77041-5758	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, David (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77041-5758	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMMET, GEORGE <hr/> Contributor address; City; State; Zip Code Floresville, TX 78114-3175	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/62 Rpt: 25/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 08/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEER, ARPIT <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75039-4242	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEER, ARPIT <hr/> Contributor address; City; State; Zip Code Irving, TX 75039-4242	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERRERA, MARY <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627-6268	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Daniel (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4945	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Daniel (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746-4945	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/62 Rpt: 26/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Habeeb, Ebad <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628-2274	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasan, Saad (Dr.) <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-1132	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasan, Saad (Dr.) <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-1132	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Sylvia <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-4428	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Sylvia <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-4428	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/62 Rpt: 27/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh, Thanh 6 Contributor address; City; State; Zip Code Missouri City, TX 77459-5154	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh, Thanh Contributor address; City; State; Zip Code Missouri City, TX 77459-5154	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igun, Adetokunbo (Dr.) Contributor address; City; State; Zip Code McKinney, TX 75070-6012	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igun, Adetokunbo (Dr.) Contributor address; City; State; Zip Code McKinney, TX 75070-6012	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Nazrul (Dr.) Contributor address; City; State; Zip Code Austin, TX 78750-3817	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/62 Rpt: 28/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Nazrul (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750-3817	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Izzat Beck, Tareq <hr/> Contributor address; City; State; Zip Code Houston, TX 77075-4911	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOO, KELLEY <hr/> Contributor address; City; State; Zip Code Humble, TX 77396-2935	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Tonjolique <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Peter (Dr.) <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380-1179	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/62 Rpt: 29/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Peter (Dr.) <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77380-1179	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KANTAMNENI, SYLAZA <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035-7765	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KANTAMNENI, SYLAZA <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-6656	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAPADIA, HUSAIN <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-2165	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARKHANIS, ARJUN <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-3552	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/62 Rpt: 30/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KHAN, MD, ALI <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75072-6944	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KHAN, MD, ALI <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072-6944	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIM, YOHAN <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056-6984	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KURIAKOSE, AJITH <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701-4680	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KURIAKOSE, AJITH <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701-4680	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/62 Rpt: 31/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Atique <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034-6357	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self Employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Sehwoon (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1445	Amount of Contribution (\$) \$16.66
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Sehwoon (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1445	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knopp, Victor <hr/> Contributor address; City; State; Zip Code Katy, TX 77449-6233	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohli, Shiv <hr/> Contributor address; City; State; Zip Code Haltom City, TX 76137-2108	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/62 Rpt: 32/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohli, Shiv <hr/> 6 Contributor address; City; State; Zip Code Haltom City, TX 76137-2108	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubista, Nikolaus (Dr.) <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-0892	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubista, Nikolaus (Dr.) <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-0892	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LALANI, NEELOFAR <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-4711	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LALANI, NEELOFAR <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010-4711	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/62 Rpt: 33/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 08/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LE, ROGER <hr/> 6 Contributor address; City; State; Zip Code Baytown, TX 77521-3155	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE, CHIH <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-6752	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laboy Vazquez, Wilfredo (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-4302	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laboy Vazquez, Wilfredo (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77080-4302	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawhon, Janet <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240-6402	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/62 Rpt: 34/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawhon, Janet <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75240-6402	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawhon, Janet <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240-6402	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Justina (Dr.) <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Justina (Dr.) <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livingston, Kenneth (Dr.) <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78131-1701	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/62 Rpt: 35/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livingston, Kenneth (Dr.) 6 Contributor address; City; State; Zip Code New Braunfels, TX 78131-1701	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lohner, Luisa Contributor address; City; State; Zip Code Houston, TX 77056-4716	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACNEILL, BARBARA Contributor address; City; State; Zip Code San Antonio, TX 78257-1739	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACNEILL, BARBARA Contributor address; City; State; Zip Code San Antonio, TX 78257-1739	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAY, BRETT Contributor address; City; State; Zip Code Wichita Falls, TX 76308-4145	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/62 Rpt: 36/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAY, BRETT <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308-4145	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYSE, MORGAN <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645-2659	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYSE, MORGAN <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645-2659	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDENHALL, BRIAN <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-6807	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENDENHALL, BRIAN <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-5261	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/62 Rpt: 37/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIARS, CHRISTOPHER <hr/> 6 Contributor address; City; State; Zip Code McGregor, TX 76657-4175	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOSS, HAROLD <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-3401	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mascorro, Jeanna <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-4818	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mascorro, Jeanna <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-4818	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew, Biju (Dr.) <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/62 Rpt: 38/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew, Biju (Dr.) 6 Contributor address; City; State; Zip Code Garland, TX 75043	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthysse, Evan (Dr.) Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthysse, Evan (Dr.) Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, James (Dr.) Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, James (Dr.) Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/62 Rpt: 39/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNally, James (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75252-2669	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medi, Niasha <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033-7696	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Memon, Naim <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85054-4523	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Steffi (Dr.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-1657	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Steffi (Dr.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-1657	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/62 Rpt: 40/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Justin <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79932-2547	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Justin <hr/> Contributor address; City; State; Zip Code El Paso, TX 79938-4568	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammed, Nazimuddin (Dr.) <hr/> Contributor address; City; State; Zip Code Parker, TX 75002-0111	Amount of Contribution (\$) \$66.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammed, Nazimuddin (Dr.) <hr/> Contributor address; City; State; Zip Code Parker, TX 75002-0111	Amount of Contribution (\$) \$66.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molcut, Maria <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-1848	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/62 Rpt: 41/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jeremy (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712-3804	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jeremy (Dr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-3804	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mossad, Nadia <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441-2472	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mossad, Nadia <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441-2472	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moszkowicz, Arie (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257-5081	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/62 Rpt: 42/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOORMOHAMMADI, OMID <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-5203	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOORMOHAMMADI, OMID <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5203	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NWOFOR, FLORENCE <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-3309	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NWOFOR, FLORENCE <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-3309	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nazarani, Mehboob (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77074-2025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/62 Rpt: 43/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nazarani, Mehboob (Dr.) 6 Contributor address; City; State; Zip Code Houston, TX 77074-2025	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Bryant Contributor address; City; State; Zip Code Flower Mound, TX 75028-3014	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Bryant Contributor address; City; State; Zip Code Flower Mound, TX 75028-3014	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen Vo, Giang Nam (Dr.) Contributor address; City; State; Zip Code Houston, TX 77096-2502	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen Vo, Giang Nam (Dr.) Contributor address; City; State; Zip Code Houston, TX 77096-2502	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/62 Rpt: 44/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noureddin, Mazen (Dr.) 6 Contributor address; City; State; Zip Code Houston, TX 77079-3012	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noureddin, Mazen (Dr.) Contributor address; City; State; Zip Code Houston, TX 77079-3012	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutis, Mario (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79925-7647	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutis, Mario (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79925-7647	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obi, Somto (Dr.) Contributor address; City; State; Zip Code Houston, TX 77051-2123	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/62 Rpt: 45/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obi, Somto (Dr.) 6 Contributor address; City; State; Zip Code Houston, TX 77051-2123	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, David Contributor address; City; State; Zip Code Live Oak, TX 78233-3144	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa, David Contributor address; City; State; Zip Code Live Oak, TX 78233-3144	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odumusi, Kolawole (Dr.) Contributor address; City; State; Zip Code Odessa, TX 79761-4605	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odumusi, Kolawole (Dr.) Contributor address; City; State; Zip Code Odessa, TX 79761-4605	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/62 Rpt: 46/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrinsky, Yevgeniy (Dr.) 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4472	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrinsky, Yevgeniy (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76132-4472	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, LYNDIA Contributor address; City; State; Zip Code Georgetown, TX 78628-4009	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, LYNDIA Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATEL, SANJAYKUMAR Contributor address; City; State; Zip Code The Woodlands, TX 77381-1405	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/62 Rpt: 47/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATEL, SANJAYKUMAR 6 Contributor address; City; State; Zip Code Spring, TX 77393-2765	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEREZ, ANDRES Contributor address; City; State; Zip Code Laredo, TX 78041-6443	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICHOT, MARK Contributor address; City; State; Zip Code San Antonio, TX 78212-1227	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICHOT, MARK Contributor address; City; State; Zip Code San Antonio, TX 78209-5732	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, William (Dr.) Contributor address; City; State; Zip Code Conroe, TX 77304-1337	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/62 Rpt: 48/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, William (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77304-1337	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascoe, John (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-4324	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peng, Cong (Dr.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-8725	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Doan (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-2753	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Doan (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-2753	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/62 Rpt: 49/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George (Dr.) 6 Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George (Dr.) Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAFIEI, POYAN Contributor address; City; State; Zip Code Katy, TX 77450-1494	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAFIEI, POYAN Contributor address; City; State; Zip Code Katy, TX 77450-1494	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBINSON, ADARE Contributor address; City; State; Zip Code Dallas, TX 75214-2109	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/62 Rpt: 50/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBINSON, ADARE 6 Contributor address; City; State; Zip Code Dallas, TX 75214-2109	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, JOSELITA Contributor address; City; State; Zip Code Dallas, TX 75201-1069	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, JOSELITA Contributor address; City; State; Zip Code Dallas, TX 75201-1069	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, JOSELITA Contributor address; City; State; Zip Code Dallas, TX 75201-1069	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, JOSELITA Contributor address; City; State; Zip Code Dallas, TX 75201-1069	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/62 Rpt: 51/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, JOSELITA 6 Contributor address; City; State; Zip Code Dallas, TX 75201-1069	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajendran, Karthikayan Contributor address; City; State; Zip Code Allen, TX 75013-5335	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajendran, Karthikayan Contributor address; City; State; Zip Code Allen, TX 75013-5335	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Nanditha (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209-8335	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Nanditha (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209-8335	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/62 Rpt: 52/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Shauna (Dr.) 6 Contributor address; City; State; Zip Code Allen, TX 75002-8694	7 Amount of Contribution (\$) \$66.67
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Shauna (Dr.) Contributor address; City; State; Zip Code Allen, TX 75002-8694	Amount of Contribution (\$) \$66.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robison, Dennis (Dr.) Contributor address; City; State; Zip Code Plano, TX 75093-7910	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Caleigh (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78132-4736	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Caleigh (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78132-4736	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/62 Rpt: 53/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SABOUR, YASI 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028-1857	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALEH, KAMRAN Contributor address; City; State; Zip Code McKinney, TX 75069-1766	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALEH, KAMRAN Contributor address; City; State; Zip Code McKinney, TX 75069-1766	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHOLES, ROBERT Contributor address; City; State; Zip Code Natalia, TX 78059	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHOLES, ROBERT Contributor address; City; State; Zip Code Natalia, TX 78059	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/62 Rpt: 54/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANNON, THOMAS <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77384-4001	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHULKIN, ZEV <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2513	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPENCER, CODY <hr/> Contributor address; City; State; Zip Code North Salt Lake, UT 84054-3383	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPENCER, CODY <hr/> Contributor address; City; State; Zip Code North Salt Lake, UT 84054-3383	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOICA, MIHAELA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-6628	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/62 Rpt: 55/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sagullo, Raquel <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494-7862	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sagullo, Raquel <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-7862	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sayani, Nurin (Dr.) <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-5667	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Anette (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$66.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Anette (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78245	Amount of Contribution (\$) \$66.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/62 Rpt: 56/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sekhon, Shubkarman <hr/> 6 Contributor address; City; State; Zip Code Southfield, MI 48034-7634	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sekhon, Shubkarman <hr/> Contributor address; City; State; Zip Code Southfield, MI 48034-7634	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Syed <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552-3240	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Asif (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78732-2089	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Asif (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78732-2089	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/62 Rpt: 57/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, James (Dr.) 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$162.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, James (Dr.) Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$162.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, James (Dr.) Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$162.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Matthias (Dr.) Contributor address; City; State; Zip Code Prosper, TX 75078-9447	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Matthias (Dr.) Contributor address; City; State; Zip Code Prosper, TX 75078-9447	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/62 Rpt: 58/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soomar, Lauren (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78702-1831	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soomar, Lauren (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-1831	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunkara, Kishore (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4580	Amount of Contribution (\$) \$266.68
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sunkara, Kishore (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4580	Amount of Contribution (\$) \$266.68
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Symons, Samantha (Dr.) <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746-6775	Amount of Contribution (\$) \$66.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/62 Rpt: 59/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, MADHAVI <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4128	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, MADHAVI <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4128	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIU, CERES <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2114	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIU, CERES <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Kimberlie <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-6220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/62 Rpt: 60/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thigpen, Marsha (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Port Arthur, TX 77642-6814	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Timothy (Dr.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308-4145	Amount of Contribution (\$) \$66.67
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorburn, Meghan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorburn, Meghan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollemache, Julie (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3830	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/62 Rpt: 61/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollemache, Julie (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751-3830	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANGALA, SEETA <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANGALA, SEETA <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3486	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Ernest <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-3633	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Ernest <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-3633	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/62 Rpt: 62/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandiver, William (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3140	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandiver, William (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3140	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varon, Jacobo (Dr.) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4045	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varon, Jacobo (Dr.) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-4045	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Arturo (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78717-3947	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/62 Rpt: 63/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELLS DUNKIN, SANDRA <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602-3202	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELLS DUNKIN, SANDRA <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602-1200	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WIEMAN, JASON <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Kaiwei (Dr.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301-0009	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Kaiwei (Dr.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301-0009	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/62 Rpt: 64/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Cheryl (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201-1711	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wills, Harold (Dr.) <hr/> Contributor address; City; State; Zip Code Tomball, TX 77375-4256	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worrell, Paul (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-8635	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yinka, Ola (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-0248	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yost, Allison <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-5518	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/62 Rpt: 65/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zanchi, Michael <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1411	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:
Sch: 1/1 Rpt: 66/69

2 FILER NAME
DOCPAC of Texas

3 Filer ID (Ethics Commission Filers)
00062672

4 Date
12/31/2025

5 Corporation / Labor Organization name
The Doctors Company

6 Amount (\$)
5,466.15

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 67/69	2 FILER NAME DOCPAC of Texas	3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/10/2025	5 Payee name Beaver Legal Corporation	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 220 S. Pine Street Suite 109 Sisters, OR 97759-1670	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Please indicate Invoice #1538" on stub."
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 68/69
2 FILER NAME DOCPAC of Texas		3 Filer ID (Ethics Commission Filers) 00062672
4 Date 07/07/2025	5 Name of person from whom amount is received Wells Fargo Bank	8 Amount (\$) \$386.11
	6 Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	7 Purpose for which amount is received Monthly Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/08/2025	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$414.34
	Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	Purpose for which amount is received Monthly Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/09/2025	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$422.59
	Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	Purpose for which amount is received Monthly Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/08/2025	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$372.31
	Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	Purpose for which amount is received Monthly Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/10/2025	Name of person from whom amount is received Wells Fargo Bank	Amount (\$) \$403.02
	Address of person from whom amount is received; City; State; Zip Code Santa Rosa, CA 95401	
	Purpose for which amount is received Monthly Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 2/2 Rpt: 69/69

2 FILER NAME
DOCPAC of Texas

3 Filer ID (Ethics Commission Filers)
00062672

4 Date
12/08/2025

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

8 Amount (\$)
\$350.30

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

Santa Rosa, CA 95401

7 Purpose for which amount is received
Monthly Bank Interest

☐ Check if political contribution returned to filer