

**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 <p>Date Received ELECTRONICALLY FILED 01/14/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> </table> <p>Date Processed</p> <p>Date Imaged</p>		Receipt #	Amount		
Receipt #	Amount						
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 Ms.	FIRST Elizabeth	MI				
	NICKNAME	LAST Healy	SUFFIX				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 185 Greenwood Rd. Napa, CA 94558-0900		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 185 Greenwood Rd. Napa, CA 94558-0900						
8 CAMPAIGN TREASURER PHONE	AREA CODE (707)	PHONE NUMBER 226-0413	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15		<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year	
11 ELECTION	Month	Day	ELECTION DATE Year	Primary General	Runoff Special	ELECTION TYPE Other	

GO TO PAGE 2

**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
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
3 of 69

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 ABREU-LAWRENCE, CHARITY	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 ABREU-LAWRENCE, CHARITY	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 AHMED, BISMA	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 AHMED, BISMA	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 ALAZAR, MAURICE	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	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Arlington, TX 76006-3002	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Arlington, TX 76006-3002	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Plano, TX 75075-7755	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Katy, TX 77493-5160	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Katy, TX 77493-5160	
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.)	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Arlington, TX 76016-4537	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78730-3125	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78256-2495	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78256-2495	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McKinney, TX 75072-3308	
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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code McKinney, TX 75072-3308	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77096-4224	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77096-4224	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code San Antonio, TX 78212-2907	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code San Antonio, TX 78212-2907	
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	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Missouri City, TX 77459-7251	
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	Amount of Contribution (\$) \$90.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130-4170	
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	Amount of Contribution (\$) \$135.00
	Contributor address; City; State; Zip Code Richardson, TX 75082	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77056-4668	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77056-4668	
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 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.) 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.) 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.) 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 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.) 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.) 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.) 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.) 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 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	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75220-1814	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78731-3341	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Houston, TX 77030-4523	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78745-2361	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78745-2361	
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.)	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Austin, TX 78745-2361	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78255-1041	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78255-1041	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Austin, TX 78759-5212	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Austin, TX 78759-5212	
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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Southlake, TX 76092-5908	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Southlake, TX 76092-5908	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418-8107	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418-8107	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418-8107	
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 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 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 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.) 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.) 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	7 Amount of Contribution (\$) \$180.00
	6 Contributor address; City; State; Zip Code Odessa, TX 79765-8555	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Temple, TX 76502-3356	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Temple, TX 76502-3356	
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	Amount of Contribution (\$) \$66.67
	Contributor address; City; State; Zip Code San Antonio, TX 78256-2557	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Helotes, TX 78023-5125	
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.)	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Helotes, TX 78023-5125	
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.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2259	
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.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2259	
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	Amount of Contribution (\$) \$180.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-4810	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77479-3707	
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	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-3707	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-1719	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-1719	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Mission, TX 78573-0011	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Plano, TX 75093-5848	
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 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 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.) 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.) 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.) 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.)	7 Amount of Contribution (\$) \$66.67
	6 Contributor address; City; State; Zip Code Frisco, TX 75035-1020	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77007-5854	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code San Antonio, TX 78218-6033	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code San Antonio, TX 78218-6033	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664-8002	
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: 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.)	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Cypress, TX 77433-3404	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Cypress, TX 77433-3404	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code El Paso, TX 79935-3046	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code El Paso, TX 79936-8902	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Pearland, TX 77584-2169	
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: 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.) 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 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 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.) 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.) 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

MONETARY POLITICAL CONTRIBUTIONS

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 Austin, TX 78703-4891	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code	
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 Austin, TX 78703-4891	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code	
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.) Dallas, TX 75230-2341	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code	
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.) Dallas, TX 75230-2341	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code	
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 Dallas, TX 75246-1632	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code	
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.)	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Highland Village, TX 75077-1833	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77041-5758	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77041-5758	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77041-5758	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Floresville, TX 78114-3175	
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	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Irving, TX 75039-4242	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Irving, TX 75039-4242	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Nederland, TX 77627-6268	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78746-4945	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78746-4945	
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: 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	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628-2274	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Carrollton, TX 75010-1132	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Carrollton, TX 75010-1132	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77018-4428	
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	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77018-4428	
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: 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	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Missouri City, TX 77459-5154	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Missouri City, TX 77459-5154	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code McKinney, TX 75070-6012	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code McKinney, TX 75070-6012	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78750-3817	
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: 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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750-3817	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77075-4911	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Humble, TX 77396-2935	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77380-1179	
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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code The Woodlands, TX 77380-1179	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Frisco, TX 75035-7765	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code McKinney, TX 75071-6656	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Cypress, TX 77433-2165	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Houston, TX 77007-3552	
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	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code McKinney, TX 75072-6944	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code McKinney, TX 75072-6944	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code The Colony, TX 75056-6984	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Beaumont, TX 77701-4680	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Beaumont, TX 77701-4680	
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	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Colleyville, TX 76034-6357	
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.)	Amount of Contribution (\$) \$16.66
	Contributor address; City; State; Zip Code Dallas, TX 75218-1445	
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.)	Amount of Contribution (\$) \$16.67
	Contributor address; City; State; Zip Code Dallas, TX 75218-1445	
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	Amount of Contribution (\$) \$180.00
	Contributor address; City; State; Zip Code Katy, TX 77449-6233	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Haltom City, TX 76137-2108	
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	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Haltom City, TX 76137-2108	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Boerne, TX 78006-0892	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Boerne, TX 78006-0892	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Carrollton, TX 75010-4711	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Carrollton, TX 75010-4711	
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	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Baytown, TX 77521-3155	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cypress, TX 77433-6752	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77080-4302	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77080-4302	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Dallas, TX 75240-6402	
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	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75240-6402	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Dallas, TX 75240-6402	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Mansfield, TX 76063	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Mansfield, TX 76063	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code New Braunfels, TX 78131-1701	
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.)	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code New Braunfels, TX 78131-1701	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Houston, TX 77056-4716	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code San Antonio, TX 78257-1739	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code San Antonio, TX 78257-1739	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308-4145	
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	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308-4145	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Hillsboro, TX 76645-2659	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Hillsboro, TX 76645-2659	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Keller, TX 76248-6807	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Southlake, TX 76092-5261	
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	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code McGregor, TX 76657-4175	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Frisco, TX 75034-3401	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Galveston, TX 77550-4818	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Galveston, TX 77550-4818	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Garland, TX 75043	
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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Garland, TX 75043	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78745	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78745	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75252-2669	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Frisco, TX 75033-7696	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Phoenix, AZ 85054-4523	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McKinney, TX 75071-1657	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McKinney, TX 75071-1657	
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 Mitchell, Justin	<input type="checkbox"/> out-of-state PAC (ID#:) _____	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code El Paso, TX 79932-2547		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self-Employed	
Date 11/25/2025	Full name of contributor Mitchell, Justin	<input type="checkbox"/> out-of-state PAC (ID#:) _____	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code El Paso, TX 79938-4568		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed	
Date 07/15/2025	Full name of contributor Mohammed, Nazimuddin (Dr.)	<input type="checkbox"/> out-of-state PAC (ID#:) _____	Amount of Contribution (\$) \$66.67
	Contributor address; City; State; Zip Code Parker, TX 75002-0111		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed	
Date 10/14/2025	Full name of contributor Mohammed, Nazimuddin (Dr.)	<input type="checkbox"/> out-of-state PAC (ID#:) _____	Amount of Contribution (\$) \$66.67
	Contributor address; City; State; Zip Code Parker, TX 75002-0111		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self-Employed	
Date 12/12/2025	Full name of contributor Molcut, Maria	<input type="checkbox"/> out-of-state PAC (ID#:) _____	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75205-1848		
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.)	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Waco, TX 76712-3804	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Waco, TX 76712-3804	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Fulshear, TX 77441-2472	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Fulshear, TX 77441-2472	
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.)	Amount of Contribution (\$) \$37.50
	Contributor address; City; State; Zip Code San Antonio, TX 78257-5081	
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 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 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#: _____) NWFOR, FLORENCE 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#: _____) NWFOR, FLORENCE 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.) 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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77074-2025	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-3014	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-3014	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77096-2502	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77096-2502	
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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77079-3012	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77079-3012	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code El Paso, TX 79925-7647	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code El Paso, TX 79925-7647	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77051-2123	
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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77051-2123	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Live Oak, TX 78233-3144	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Live Oak, TX 78233-3144	
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.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79761-4605	
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.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79761-4605	
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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-4472	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-4472	
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, LYNDA	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628-4009	
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, LYNDA	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Taylor, TX 76574	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77381-1405	
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	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Spring, TX 77393-2765	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Laredo, TX 78041-6443	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code San Antonio, TX 78212-1227	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209-5732	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Conroe, TX 77304-1337	
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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Conroe, TX 77304-1337	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Dallas, TX 75218-4324	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Pearland, TX 77584-8725	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77095-2753	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Houston, TX 77095-2753	
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.)	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Katy, TX 77450-1494	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Katy, TX 77450-1494	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Dallas, TX 75214-2109	
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	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75201-1069	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Allen, TX 75013-5335	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Allen, TX 75013-5335	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code San Antonio, TX 78209-8335	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code San Antonio, TX 78209-8335	
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.)	7 Amount of Contribution (\$) \$66.67
	6 Contributor address; City; State; Zip Code Allen, TX 75002-8694	
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.)	Amount of Contribution (\$) \$66.67
	Contributor address; City; State; Zip Code Allen, TX 75002-8694	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Plano, TX 75093-7910	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4736	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4736	
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	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Flower Mound, TX 75028-1857	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code McKinney, TX 75069-1766	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code McKinney, TX 75069-1766	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Natalia, TX 78059	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Natalia, TX 78059	
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	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code The Woodlands, TX 77384-4001	
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	Amount of Contribution (\$) \$90.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-2513	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code North Salt Lake, UT 84054-3383	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code North Salt Lake, UT 84054-3383	
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	Amount of Contribution (\$) \$180.00
	Contributor address; City; State; Zip Code Dallas, TX 75209-6628	
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	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Katy, TX 77494-7862	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Katy, TX 77494-7862	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77479-5667	
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.)	Amount of Contribution (\$) \$66.67
	Contributor address; City; State; Zip Code San Antonio, TX 78245	
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.)	Amount of Contribution (\$) \$66.67
	Contributor address; City; State; Zip Code San Antonio, TX 78245	
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 Sekhon, Shubkarman 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 Sekhon, Shubkarman 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 Shah, Syed 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 Siddiqui, Asif (Dr.) 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 Siddiqui, Asif (Dr.) 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.)	7 Amount of Contribution (\$) \$162.50
	6 Contributor address; City; State; Zip Code Plano, TX 75024	
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.)	Amount of Contribution (\$) \$162.50
	Contributor address; City; State; Zip Code Plano, TX 75024	
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.)	Amount of Contribution (\$) \$162.50
	Contributor address; City; State; Zip Code Plano, TX 75024	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Prosper, TX 75078-9447	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Prosper, TX 75078-9447	
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.)	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Austin, TX 78702-1831	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78702-1831	
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.)	Amount of Contribution (\$) \$266.68
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-4580	
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.)	Amount of Contribution (\$) \$266.68
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-4580	
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.)	Amount of Contribution (\$) \$66.67
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746-6775	
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 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 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 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 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 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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Port Arthur, TX 77642-6814	
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.)	Amount of Contribution (\$) \$66.67
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308-4145	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Fort Worth, TX 76109	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Fort Worth, TX 76109	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78751-3830	
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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78751-3830	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Aubrey, TX 76227	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Irving, TX 75063-3486	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Helotes, TX 78023-3633	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Helotes, TX 78023-3633	
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.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75214-3140	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75214-3140	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-4045	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-4045	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78717-3947	
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	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602-3202	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602-1200	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Harker Heights, TX 76548	
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.)	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Conroe, TX 77301-0009	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Conroe, TX 77301-0009	
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.) 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.) 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.) 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.) 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 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 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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	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 ONLY 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

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