

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016210	2 Total pages filed: 57
3 COMMITTEE NAME Texas Podiatric Medical PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200  Austin, TX 78701		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Melinda NICKNAME LAST SUFFIX Daise		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200  Austin, TX 78701		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 918 Congress Ave., Ste. 200  Austin, TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 494-1123		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2025 THROUGH Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00016210	
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported	
		B. Opposed	
	<b>2. Measures</b> <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> <small>(Identify by name or, if applicable, classify by party.)</small>	Rep. Terry Meza State Representative	
<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold		\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> <small>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</small>		\$ 13,391.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>		\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>		\$ 11,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$ 21,526.41
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>		\$ 0.00

**16 AFFIDAVIT**

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

Mrs. Melinda Daise  
 \_\_\_\_\_  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00016210
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Rep. Angie Chen Button State Representative
	<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
B. Opposed		
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported
		B. Opposed
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		Rep. Janie Lopez State Representative
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)		<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
	B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Rep. James Frank

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
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<b>12 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00016210
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Rep. Donna Howard State Representative
	<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
B. Opposed		
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported
		B. Opposed
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		Rep. Todd Hunter State Representative
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)		<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
	B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Rep. Tom Oliverson State Representative

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
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<b>12 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00016210
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Sen. Juan Hinojosa State Senator
	<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
B. Opposed		
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported
		B. Opposed
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		Rep. Joanne Shofner State Representative
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)		<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
	B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Rep. Gary VanDeaver State Representative

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

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<b>12 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00016210
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Ray Callas State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
B. Opposed		
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported
		B. Opposed
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		Sen. Lois Kolkhorst State Senator
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)		<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)
	B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Sen. Charles Perry State Senator

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
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<b>12 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00016210	
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Rep. Charles Cunningham State Representative	
	<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
B. Opposed			
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported	
		B. Opposed	
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		Sen. Charles Schwertner State Senator	

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
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<b>17 COMMITTEE NAME</b> Texas Podiatric Medical PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00016210
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,391.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,000.00
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/44 Rpt: 9/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75061	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75061	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75061	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75061	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75061	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/44 Rpt: 10/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arroyo DPM, Irene (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75061	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Battles, Brian (Dr.) <hr/> Contributor address; City; State; Zip Code  Crawford, TX 76638	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazan DPM, Demenico (Dr.) <hr/> Contributor address; City; State; Zip Code  Leander, TX 76502	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazan DPM, Demenico (Dr.) <hr/> Contributor address; City; State; Zip Code  Leander, TX 76502	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blum DPM, Donald (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/44 Rpt: 11/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brancheau DPM, Paul (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Greenville, TX 75402	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) self
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/44 Rpt: 12/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill DPM, Leon (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code  Albany, TX 76430	Amount of Contribution (\$)  \$85.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code  Albany, TX 76430	Amount of Contribution (\$)  \$85.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) Contributor address; City; State; Zip Code  Albany, TX 76430	Amount of Contribution (\$)  \$85.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/44 Rpt: 13/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Albany, TX 76430	<b>7</b> Amount of Contribution (\$)  \$85.00
<b>8</b> Principal occupation / Job title (See Instructions) podiatrist		<b>9</b> Employer (See Instructions) self
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown DPM, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code  Albany, TX 76430	Amount of Contribution (\$)  \$85.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/44 Rpt: 14/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78739	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyn DPM, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buitrago DPM, Maria (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Leslie (Dr.) <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/44 Rpt: 15/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/44 Rpt: 16/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell DPM, Neil (Dr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro, Bart <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) Self
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/44 Rpt: 17/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Azle, TX 76020	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerniglia DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Azle, TX 76020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/44 Rpt: 18/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79606	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) podiatrist		<b>9</b> Employer (See Instructions) self
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson DPM, Lacey (Dr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/44 Rpt: 19/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coye, Tyler (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77045	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daise, Melinda <hr/> Contributor address; City; State; Zip Code  Austin, TX 78736	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Podiatric Medical Association
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deaver, Tara Yvette (Dr.) <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79763	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis DPM, Kendrick (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77065	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) self
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodder DPM, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code  Sherman, TX 75092	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/44 Rpt: 20/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/44 Rpt: 21/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fish DPM, Shay (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Timothy (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 44043	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Joe (Dr.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78541	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Alan (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graser DPM, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/44 Rpt: 22/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77077	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/44 Rpt: 23/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 12/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunther DPM, David (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77077	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henke, Jeff (Dr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Travis (Dr.) <hr/> Contributor address; City; State; Zip Code  Poth, TX 78147	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivey DPM, Matt (Dr.) <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77478	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/44 Rpt: 24/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77450	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs DPM, James (Dr.) Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) podiatrist		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/44 Rpt: 25/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) <b>6</b> Contributor address; City; State; Zip Code Hillsboro, TX 76645	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/44 Rpt: 26/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 12/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins DPM, Suzanne (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hillsboro, TX 76645	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/44 Rpt: 27/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 11/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78738	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John DPM, Shine (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/44 Rpt: 28/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 10/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson DPM, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones DPM, Dan (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75244	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/44 Rpt: 29/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khavari DPM, Naghmeh Lilly (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> Contributor address; City; State; Zip Code  Sour Lake, TX 77659	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/44 Rpt: 30/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sour Lake, TX 77659	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> Contributor address; City; State; Zip Code  Sour Lake, TX 77659	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> Contributor address; City; State; Zip Code  Sour Lake, TX 77659	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> Contributor address; City; State; Zip Code  Sour Lake, TX 77659	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaGrone DPM, Frances (Dr.) <hr/> Contributor address; City; State; Zip Code  Sour Lake, TX 77659	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/44 Rpt: 31/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/44 Rpt: 32/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 11/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langlois DPM, Michael (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code  Keller, TX 76244	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code  Keller, TX 76244	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legel DPM, Kennedy (Dr.) Contributor address; City; State; Zip Code  Keller, TX 76244	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/44 Rpt: 33/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 12/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lew DPM, Randy (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76126	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannion, Amy (Dr.) <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansoori, Jasmin (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77090-2611	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77090-2611	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/44 Rpt: 34/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77090-2611	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77090-2611	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77090-2611	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis DPM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77090-2611	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary DPM, Jon (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/44 Rpt: 35/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary DPM, Jon (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary DPM, Jon (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary DPM, Jon (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary DPM, Jon (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary DPM, Jon (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/44 Rpt: 36/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 12/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary DPM, Jon (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/44 Rpt: 37/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 11/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kingwood, TX 77339	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DPM, Jason C. (Dr.) <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/44 Rpt: 38/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Cory (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Cory (Dr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nava Jr. DPM, Samuel (Dr.) <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Dong V (Dr.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/44 Rpt: 39/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/44 Rpt: 40/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 12/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thanh (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen DPM, Thu Justin (Dr.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/44 Rpt: 41/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onosode DPM, Nere (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/44 Rpt: 42/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kennedale, TX 76060	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) <hr/> Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) <hr/> Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry DPM, Jacquelyn (Dr.) <hr/> Contributor address; City; State; Zip Code  Kennedale, TX 76060	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham DPM, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code  Humble, TX 77396	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/44 Rpt: 43/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelps DPM, Robert (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75709	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prins DPM, Dustin (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quach DPM, Tin (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodus DPM, Charles (Dr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76508	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/44 Rpt: 44/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 08/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76508	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76508	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76508	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson DPM, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76508	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers DPM, Lee (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$365.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/44 Rpt: 45/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 07/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77080	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/44 Rpt: 46/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 12/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz DPM, Rebecca (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77080	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/44 Rpt: 47/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 11/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550	<b>7</b> Amount of Contribution (\$)  \$26.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibuya DPM, Naohiro (Dr.) <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$26.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/44 Rpt: 48/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 10/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77304	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toole DPM, Roxanne (Dr.) <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> Contributor address; City; State; Zip Code  Van Alstyne, TX 75495	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> Contributor address; City; State; Zip Code  Van Alstyne, TX 75495	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/44 Rpt: 49/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Van Alstyne, TX 75495	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> Contributor address; City; State; Zip Code  Van Alstyne, TX 75495	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> Contributor address; City; State; Zip Code  Van Alstyne, TX 75495	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treleven DPM, Kristen (Dr.) <hr/> Contributor address; City; State; Zip Code  Van Alstyne, TX 75495	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urukalo, Ana (Dr.) <hr/> Contributor address; City; State; Zip Code  Lakeway, TX 78734	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/44 Rpt: 50/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt DPM, Michael (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75081	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Loy <hr/> Contributor address; City; State; Zip Code  Addison, TX 75001	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) <hr/> Contributor address; City; State; Zip Code  DeSota, TX 75115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) <hr/> Contributor address; City; State; Zip Code  DeSota, TX 75115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) <hr/> Contributor address; City; State; Zip Code  DeSota, TX 75115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/44 Rpt: 51/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 10/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  DeSota, TX 75115	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) Self
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) <hr/> Contributor address; City; State; Zip Code  DeSota, TX 75115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilks DPM, Alton (Dr.) <hr/> Contributor address; City; State; Zip Code  DeSota, TX 75115	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/44 Rpt: 52/57
<b>2</b> FILER NAME Texas Podiatric Medical PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Podiatrist		<b>9</b> Employer (See Instructions) self
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisdom DPM, Jill (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) self

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 53/57	<b>2</b> FILER NAME Texas Podiatric Medical PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 10/07/2025	<b>5</b> Payee name Button, Angie Chen (Rep.)	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P. O. Box 832748  Richardson, TX 75083	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name Payee name Cunningham, Charles (Rep.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code PO Box 14352  Humble, TX 77347	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/13/2025	Candidate/Officeholder name Payee name Frank, James (Rep.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 3808 B Kemp Blvd #321  Wichita Falls, TX 76308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 54/57	<b>2</b> FILER NAME Texas Podiatric Medical PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 10/13/2025	<b>5</b> Payee name Hinojosa, Juan (Sen.)	
<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1508 S. Lone Star Way Suite 5B Edinburg, TX 78539	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/13/2025	Candidate/Officeholder name Howard, Donna (Rep.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought P. O. Box 5375 Austin, TX 78763	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/13/2025	Candidate/Officeholder name Hunter, Todd (Rep.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought 445 Cape Henry Drive Corpus Chrisit, TX 75412	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 55/57	<b>2</b> FILER NAME Texas Podiatric Medical PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 10/14/2025	<b>5</b> Payee name Kolkhorst, Lois (Sen.)	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 2546  Brenham, TX 77834	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2025	Payee name Lopez, Janie (Rep.)	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2073  San Benito, TX 78586	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2025	Payee name Meza, Terry (Rep.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 155076  Irving, TX 75015	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 56/57	<b>2</b> FILER NAME Texas Podiatric Medical PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 10/13/2025	<b>5</b> Payee name Oliverson, Tom (Rep.)	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1 Greenway Plaza, Ste. 225  Houston, TX 77046	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2025	Payee name Perry, Charles (Sen.)	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 94806  Luccock, TX 79493	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2025	Payee name Ray M.D., Callas (Dr.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 20032  Beaumont, TX 77720	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 57/57	<b>2</b> FILER NAME Texas Podiatric Medical PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016210
<b>4</b> Date 12/01/2025	<b>5</b> Payee name Schwertner M.D., Charles (Sen.)	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P. O. Box 2448  Georgetown, TX 78627	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/13/2025	Candidate/Officeholder name Shofner, Joanne (Rep.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought 638 A N. University Dr. #177 Nacogdoches, TX 75961	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/13/2025	Candidate/Officeholder name VanDeaver, Gary (Rep.)	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 866  New Boston, TX 75570	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		