

**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 <p>Date Received ELECTRONICALLY FILED 01/14/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p>	
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 Mrs.		
	NICKNAME	LAST Daise	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 918 Congress Ave., Ste. 200 Austin, TX 78701		APT / SUITE #; CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 918 Congress Ave., Ste. 200 Austin, TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 494-1123	PHONE NUMBER	EXTENSION
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 07/01/2025	Day	Year
	THROUGH		Month 12/31/2025 Day Year
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

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

Page 3 of 57

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

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE**

**FORM GPAC
ADDENDUM**

Page 4 of 57

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

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE**

**FORM GPAC
ADDENDUM**

Page 5 of 57

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

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE**

**FORM GPAC
ADDENDUM**

Page 6 of 57

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

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE**

**FORM GPAC
ADDENDUM**

Page 7 of 57

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

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
8 of 57

17 COMMITTEE NAME Texas Podiatric Medical PAC	18 FILER ID (Ethics Commission Filers) 00016210
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
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

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas Podiatric Medical PAC		3 Filer ID (Ethics Commission Filers) 00016210
4 Date 08/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary DPM, Jon (Dr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	
8 Principal occupation / Job title (See Instructions) Podiatrist		9 Employer (See Instructions) Self
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCreary DPM, Jon (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Podiatrist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 53/57	2 FILER NAME Texas Podiatric Medical PAC	3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/07/2025	5 Payee name Button, Angie Chen (Rep.)	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P. O. Box 832748 Richardson, TX 75083	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Cunningham, Charles (Rep.)	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 14352 Humble, TX 77347	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/13/2025	Payee name Frank, James (Rep.)	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3808 B Kemp Blvd #321 Wichita Falls, TX 76308	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 54/57	2 FILER NAME Texas Podiatric Medical PAC	3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/13/2025	5 Payee name Hinojosa, Juan (Sen.)	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 1508 S. Lone Star Way Suite 5B Edinburg, TX 78539	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/13/2025	Payee name Howard, Donna (Rep.)	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P. O. Box 5375 <input type="checkbox"/> Expenditure from corporate funds Austin, TX 78763	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/13/2025	Payee name Hunter, Todd (Rep.)	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 445 Cape Henry Drive <input type="checkbox"/> Expenditure from corporate funds Corpus Christi, TX 75412	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 55/57	2 FILER NAME Texas Podiatric Medical PAC	3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/14/2025	5 Payee name Kolkhorst, Lois (Sen.)	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 2546 Brenham, TX 77834	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY 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	Payee address; City; State; Zip Code P.O. Box 2073 San Benito, TX 78586	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; State; Zip Code PO Box 155076 Irving, TX 75015	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 56/57	2 FILER NAME Texas Podiatric Medical PAC	3 Filer ID (Ethics Commission Filers) 00016210
4 Date 10/13/2025	5 Payee name Oliverson, Tom (Rep.)	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1 Greenway Plaza, Ste. 225 Houston, TX 77046	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY 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	Payee address; City; State; Zip Code P.O. Box 94806 Lubbock, TX 79493	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; State; Zip Code PO Box 20032 Beaumont, TX 77720	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 57/57	2 FILER NAME Texas Podiatric Medical PAC	3 Filer ID (Ethics Commission Filers) 00016210
4 Date 12/01/2025	5 Payee name Schwertner M.D., Charles (Sen.)	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P. O. Box 2448 Georgetown, TX 78627	
<input type="checkbox"/> Expenditure from corporate funds	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/13/2025	Payee name Shofner, Joanne (Rep.)	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 638 A N. University Dr. #177 Nacogdoches, TX 75961	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/13/2025	Payee name VanDeaver, Gary (Rep.)	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 866 New Boston, TX 75570	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held