

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,439.23
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 70,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 367,116.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Brenda J. Avery

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Optometric PAC		18 Filer ID (Ethics Commission Filers) 00015622
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27,439.23
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	\$ 70,500.00
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,526.78
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/54 Rpt: 4/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta O.D., Celeste <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander O.D., Lindsey <hr/> Contributor address; City; State; Zip Code Sunnyvale, TX 75182	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali O.D., Mohsan <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen O.D., Karen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$110.52
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen O.D., Mark <hr/> Contributor address; City; State; Zip Code Atlanta, TX 75551	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/54 Rpt: 5/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison O.D., Joseph <hr/> 6 Contributor address; City; State; Zip Code Bryan, TX 77802	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altig O.D., William <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson O.D., Vanessa <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annunziato O.D., Tom <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76008	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arya O.D., Dimple <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/54 Rpt: 6/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballance O.D., Sherry	7 Amount of Contribution (\$) \$20.20
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barajas O.D., Juan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber O.D., Matt	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Ft. Worth, TX 76116-5525	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barraza O.D., Jessica	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Grand Prairie, TX 75050	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera O.D., Enedelia	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/54 Rpt: 7/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bashover O.D., Matthew <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76011	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass O.D., John <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$110.52
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bate O.D., Joy <hr/> Contributor address; City; State; Zip Code Haslet, TX 76052	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bensen O.D., Ansu <hr/> Contributor address; City; State; Zip Code Princeton, TX 75407	Amount of Contribution (\$) \$22.96
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernay O.D., Deborah <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/54 Rpt: 8/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhaga O.D., Sheetal <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75036	7 Amount of Contribution (\$) \$54.98
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bock O.D., Matthew <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brending O.D., Gabrielle <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinegar O.D., Vaughn <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard O.D., Wendy <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/54 Rpt: 9/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bui O.D., Thoai <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75007	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler O.D., W.R. <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell O.D., Megan <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell O.D., Steven <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cargo O.D., Jon <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/54 Rpt: 10/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter O.D., Trey <hr/> 6 Contributor address; City; State; Zip Code Celina, TX 75009	7 Amount of Contribution (\$) \$7.11
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cass O.D., Peter <hr/> Contributor address; City; State; Zip Code Lumberton, TX 77657	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catuncan O.D., Jennifer <hr/> Contributor address; City; State; Zip Code Bedford, TX 76022	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celico O.D., Brian <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerda O.D., Juan <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/54 Rpt: 11/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen O.D., Alexander <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherry O.D., Brian <hr/> Contributor address; City; State; Zip Code Ft Worth, TX 76137	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheyne O.D., Chris <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheyne O.D., Chris <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb O.D., James <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79107	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/54 Rpt: 12/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coble O.D., John <hr/> 6 Contributor address; City; State; Zip Code Greenville, TX 75401	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston O.D., Ben <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contaldi O.D., Mario <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conte O.D., Michael <hr/> Contributor address; City; State; Zip Code Lake Worth, TX 76135	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooke O.D., Kyle <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/54 Rpt: 13/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan O.D., Steve	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Amarillo, TX 79109		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox O.D., Adam	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Atlanta, TX 75551		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox O.D., Steven	Amount of Contribution (\$) \$110.52
Contributor address; City; State; Zip Code Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culbertson O.D., W Edward	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75225		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabney O.D., Brandon	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Amarillo, TX 79102		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/54 Rpt: 14/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dang O.D., Thuyhong <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis O.D., Mark <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day O.D., Bob <hr/> Contributor address; City; State; Zip Code Garland, TX 75041	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLoach O.D., Joe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeMaggio O.D., Julie <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/54 Rpt: 15/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeShaw O.D., Jonathan	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Garland, TX 75042	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deakins O.D., Jennifer	Amount of Contribution (\$) \$6.56
	Contributor address; City; State; Zip Code Irving, TX 75063-3466	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deakins O.D., Jennifer	Amount of Contribution (\$) \$54.98
	Contributor address; City; State; Zip Code Irving, TX 75063-3466	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deakins O.D., Jennifer	Amount of Contribution (\$) \$6.56
	Contributor address; City; State; Zip Code Irving, TX 75063-3466	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delay O.D., Richard	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Boerne, TX 78015	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/54 Rpt: 16/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delk O.D., Kyle	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Port Neches, TX 77651		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis O.D., Keith	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deviney O.D., Jason	Amount of Contribution (\$) \$54.98
Contributor address; City; State; Zip Code Olmos Park, TX 78212		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinh O.D., David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunnigan O.D., Shawn	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Lumberton, TX 77657		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/54 Rpt: 17/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duong O.D., Nghiem <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080	7 Amount of Contribution (\$) \$214.79
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis O.D., John <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ermis O.D., Keith <hr/> Contributor address; City; State; Zip Code Wharton, TX 77488	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feeser O.D., Michael <hr/> Contributor address; City; State; Zip Code Huntingtown, MD 20639	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleitman O.D., Cynthia <hr/> Contributor address; City; State; Zip Code Gainesville, TX 76240	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/54 Rpt: 18/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores O.D., Amador	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Laredo, TX 78041		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamini O.D., Safinaz	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia O.D., Claudia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77081		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza O.D., Janet	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77064		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee O.D., Kevin	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/54 Rpt: 19/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson O.D., David <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez O.D., Jaime <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham Hayter O.D., Paul <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray O.D., David <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray O.D., Jeannie <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/54 Rpt: 20/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greeman III O.D., Nelson <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greeman O.D., Kevin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green O.D., Leigh <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene O.D., Matthew <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenstein O.D., Karena <hr/> Contributor address; City; State; Zip Code Dallas, TX 75216	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/54 Rpt: 21/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunnell O.D., Larry <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall O.D., Jamie <hr/> Contributor address; City; State; Zip Code Wills Point, TX 75169	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond O.D., Deanna <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond O.D., Eric <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson O.D., Mark <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/54 Rpt: 22/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper O.D., Ellener	7 Amount of Contribution (\$) \$20.20
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76131	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart O.D., Peggy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77079	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey O.D., Cameo	Amount of Contribution (\$) \$20.20
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawari O.D., Andy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mineola, TX 75773	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins O.D., Heidi	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/54 Rpt: 23/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heeg O.D., Paul	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Coppell, TX 75019		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hejny O.D., Whitney	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Miles, TX 76861		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry O.D., Amy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang O.D., Bao T	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Katy, TX 77494		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang O.D., Kathy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Katy, TX 77494		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/54 Rpt: 24/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holle O.D., Laura <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76904	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopping O.D., Ron <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchins O.D., Jaclyn <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh O.D., Hieu <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) III O.D., Fred Farias <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$110.52
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/54 Rpt: 25/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob O.D., Erin	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Lockhart, TX 78664	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johle O.D., Sarah	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Hutto, TX 78634	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson O.D., Murray	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Dallas, TX 75287	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones O.D., Jeffrey	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan O.D., Emily	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/54 Rpt: 26/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karanges O.D., Gayle	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Arlington, TX 76005		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly O.D., Shawn	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Plano, TX 75023		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp O.D., Robert	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77015-2310		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight O.D., Millicent	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kodukula O.D., Dipa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/54 Rpt: 27/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtin O.D., Steven	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75252	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagunas O.D., Claudio	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77382	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lam O.D., Lien	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Irving, TX 75063	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lam O.D., Sean	Amount of Contribution (\$) \$20.20
	Contributor address; City; State; Zip Code Houston, TX 77075	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert O.D., Sawyer	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/54 Rpt: 28/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Anne	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77072	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Anne	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77072	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Hoan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Spring, TX 76135	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Lisa	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lou O.D., Oliver	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/54 Rpt: 29/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas O.D., Thomas	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code Harker Heights, TX 76548	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luu O.D., Becky	Amount of Contribution (\$) \$29.52
	Contributor address; City; State; Zip Code Plano, TX 75075	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mai O.D., Kelly N	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Makler O.D., Edward	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado O.D., Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/54 Rpt: 30/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado O.D., Nicole	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78249	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maredia O.D., Nazia	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78258	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez O.D., Michelle	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Ft. Worth, TX 76244	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters O.D., Trishna	Amount of Contribution (\$) \$20.20
	Contributor address; City; State; Zip Code Arlington, TX 76006	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty O.D., Dennis	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/54 Rpt: 31/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClain O.D., Christos <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845	7 Amount of Contribution (\$) \$20.20
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormick O.D., Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCown O.D., Joshua <hr/> Contributor address; City; State; Zip Code Gatesville, TX 76528	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel O.D., Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan O.D., Joseph <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78748-1051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/54 Rpt: 32/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPherson O.D., Kimberly Blythe	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Means O.D., Stephen	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Huntsville, TX 77340	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery O.D., Brandi	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore O.D., Tory	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dumas, TX 79029	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mora O.D., David	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Laredo, TX 78043	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/54 Rpt: 33/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morozco O.D., Michael	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78240	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mozdbar O.D., Sima	Amount of Contribution (\$) \$20.20
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson O.D., Kevin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Melissa, TX 75454	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murrell O.D., Jessica	Amount of Contribution (\$) \$20.20
	Contributor address; City; State; Zip Code Spring, TX 77002	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman O.D., Clarke	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Dallas, TX 75201	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/54 Rpt: 34/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton O.D., Ronald <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78040	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Hai <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Jenifer <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Quan M <hr/> Contributor address; City; State; Zip Code Houston, TX 77072	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Steve <hr/> Contributor address; City; State; Zip Code Dallas, TX 75224	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/54 Rpt: 35/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Thai-An	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75206	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Tu	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cypress, TX 77429	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Vicki	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Grand Prairie, TX 75054	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols O.D., Brian K	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mt Pleasant, TX 75455	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien O.D., Lisa A	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/54 Rpt: 36/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ousley O.D., Bruce	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Highland Village, TX 75077	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park O.D., Jon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Irving, TX 75063	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pass O.D., Hulon H	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Stockton, TX 79735	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pass O.D., Joshua	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Stockton, TX 79735	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Ajay	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/54 Rpt: 37/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Hiten <hr/> 6 Contributor address; City; State; Zip Code Uvalde, TX 78801	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Kumar <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Nimisha <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Samir <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick O.D., Carey <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/54 Rpt: 38/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattni O.D., Samir	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Plano, TX 75023	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena O.D., Benny	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Kerrville, TX 78028	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez O.D., Elizabeth	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Beeville, TX 78102	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson O.D., Christopher	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Carrolton, TX 75006	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham O.D., Janna	Amount of Contribution (\$) \$54.98
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/54 Rpt: 39/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham O.D., Kevin <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76131	7 Amount of Contribution (\$) \$12.11
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip O.D., Blessy <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips O.D., Jeff <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce O.D., Jordan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76177	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillai O.D., Anith <hr/> Contributor address; City; State; Zip Code Sugarland, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/54 Rpt: 40/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poole O.D., Mohan	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Marble Falls, TX 78654	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prati O.D., Martin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77058	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proske O.D., Paul	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Spring, TX 77379	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rakich O.D., Dawn	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78215	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raley O.D., Audrey	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/54 Rpt: 41/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez O.D., Antonio <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez O.D., Kirsti <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78233	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez-Shank O.D., Diane <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratcliff O.D., Reagan <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reneau O.D., Aaron <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/54 Rpt: 42/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds O.D., Samantha <hr/> 6 Contributor address; City; State; Zip Code Haslet, TX 76052	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley O.D., Kelly <hr/> Contributor address; City; State; Zip Code Brownfield, TX 79316	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson O.D., Reid <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson O.D., Reid <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson O.D., Beth <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/54 Rpt: 43/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson O.D., Nathaniel	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Lufkin, TX 75904	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez O.D., Jaime	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rojas O.D., Luis	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75204	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemore O.D., Corey Zac	Amount of Contribution (\$) \$20.20
	Contributor address; City; State; Zip Code Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemore O.D., Ryan	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Frisco, TX 75033	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/54 Rpt: 44/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemore O.D., Ryan	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Frisco, TX 75033	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salchak O.D., Robert	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sugarland, TX 77479	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandberg O.D., Kyle	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sappington O.D., Amanda	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Amarillo, TX 79119	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawhney O.D., Dimple	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/54 Rpt: 45/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scasta O.D., Tracey	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code College Station, TX 77845		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scasta O.D., Tracey	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code College Station, TX 77845		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmiedecke O.D., Stephanie	Amount of Contribution (\$) \$24.05
Contributor address; City; State; Zip Code San Antonio, TX 78248		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segu O.D., Pat	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shandley O.D., Brian K	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/54 Rpt: 46/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon O.D., Bridget <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shauger O.D., Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sianghio O.D., Leyden <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sitterle O.D., Scott <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorrenson O.D., Laurie <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/54 Rpt: 47/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto O.D., Nichole <hr/> 6 Contributor address; City; State; Zip Code Rockport, TX 78382	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland O.D., Clipper <hr/> Contributor address; City; State; Zip Code Big Spring, TX 79720	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong O.D., Jane <hr/> Contributor address; City; State; Zip Code Cypress, TX 77419	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturm O.D., Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan O.D., Mitchell <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/54 Rpt: 48/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor O.D., Alicia	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78254		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor O.D., Erin	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Amarillo, TX 79110		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrell O.D., Jenny	Amount of Contribution (\$) \$54.98
Contributor address; City; State; Zip Code North Richland Hills, TX 76182		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terwilliger O.D., Josey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77004		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thames O.D., Lacey	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Hutto, TX 78634		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/54 Rpt: 49/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tholen O.D., Megan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$110.52
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas O.D., Jack <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas O.D., Jeff <hr/> Contributor address; City; State; Zip Code Melissa, TX 75454	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson O.D., Melanie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton O.D., Kristofer <hr/> Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/54 Rpt: 50/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tovias O.D., Mayra <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77510	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Anthony <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Jessica <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Lori <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Tina <hr/> Contributor address; City; State; Zip Code Houston, TX 77084	Amount of Contribution (\$) \$12.11
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/54 Rpt: 51/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Toan	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Carrollton, TX 75010		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trichel O.D., Jessica	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code Texarkana, TX 75503		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trinh O.D., Kim	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78728		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tupa O.D., Faye	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Ganado, TX 77962		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner O.D., Kimberly	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/54 Rpt: 52/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twa O.D., Michael <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tybor O.D., David <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tybor O.D., John <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upchurch O.D., Alan <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urizar O.D., Jocelyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/54 Rpt: 53/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdes O.D., Matt	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78248		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez O.D., Antonio	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Los Fresnos, TX 78566-3644		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez O.D., Celina G	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Palmview, TX 78572		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn O.D., Jamel	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Lubbock, TX 79416		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vorster O.D., Edward	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code Silsbee, TX 77656		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/54 Rpt: 54/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner O.D., Troy <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77382	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters O.D., Mary <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76008	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters O.D., Mary Kate <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wampler O.D., Kimberly <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$81.04
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warstler O.D., Ashley <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/54 Rpt: 55/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West O.D., Jacob <hr/> 6 Contributor address; City; State; Zip Code Flint, TX 75762	7 Amount of Contribution (\$) \$110.52
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild O.D., Tristan <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilken O.D., Bret <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams O.D., James <hr/> Contributor address; City; State; Zip Code Joplin, MO 64804	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson O.D., Kent <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/54 Rpt: 56/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong O.D., Veronica <hr/> 6 Contributor address; City; State; Zip Code Kingwood, TX 77339	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright O.D., David <hr/> Contributor address; City; State; Zip Code Seminole, TX 79360	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright O.D., Lance <hr/> Contributor address; City; State; Zip Code Seminole, TX 79360	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yee O.D., Jamie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75033	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeh O.D., Shihwei <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/54 Rpt: 57/77
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zavala O.D., Noah <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77590	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/18 Rpt: 58/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
---	---	--

4 Date 01/22/2026	5 Payee name Alan Blaylock Campaign
-----------------------------	---

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 9136 Tate Ave Fort Worth, TX 76244
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Alan Schoolcraft Campaign
--------------------	---

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 4525 Dallas, TX 75208
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Angelia Orr Campaign
--------------------	------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1800 Nueces St. Austin, TX 78701
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/18 Rpt: 59/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
---	---	--

4 Date 01/22/2026	5 Payee name Angie Chen Button Campaign
-----------------------------	---

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 832748 Richardson, TX 78083
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Barbara Gervin-Hawkins Campaign
--------------------	---

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 39602 San Antonio, TX 78218
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Bob Hall Campaign
--------------------	---------------------------------

Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 513 Canton, TX 75103
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
-------------------------------	---	--

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/18 Rpt: 60/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
---	---	--

4 Date 01/22/2026	5 Payee name Brad Bailey Campaign
-----------------------------	---

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6700 Woodlands Pkwy Suite 230 The Woodlands, TX 77382
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Brett Ligon Campaign
--------------------	------------------------------------

Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Briscoe Cain Campaign
--------------------	-------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 7 Deer Park, TX 77536
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/18 Rpt: 61/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/22/2026	5 Payee name Candy Noble Campaign	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1105 E. Main St #223 Allen, TX 75002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2026	Payee name Caroline Harris Davila Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 700 Round Rock, TX 78680	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2026	Payee name Cecil Bell Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 819 Magnolia, TX 77355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/18 Rpt: 62/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
---	---	--

4 Date 01/22/2026	5 Payee name Charlene Ward Johnson Campaign
-----------------------------	---

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 925775 Houston, TX 77292
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Charles Schwertner Campaign
--------------------	---

Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 101 Spearpoint Cove Georgetown, TX 78628
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Chris Turner Campaign
--------------------	-------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 201 Meandering Ln. Burleson, TX 76028
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/18 Rpt: 63/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
---	---	--

4 Date 01/22/2026	5 Payee name Cody Harris Campaign
-----------------------------	---

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1000 Avenue A Palestine, TX 75801
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Cole Hefner Campaign
--------------------	------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 167 Mount Pleasant, TX 75456
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Dade Phelan Campaign
--------------------	------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 848 Nederland, TX 77627
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/18 Rpt: 64/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/22/2026	5 Payee name David Cook Campaign	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 309 E Broad St Mansfield, TX 76063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2026	Payee name Dennis Paul Campaign	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 626 1/2 Barringer Lane Ste. A Webster, TX 77598	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2026	Payee name Elizabeth Campos Campaign	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1028 Rigsby San Antonio, TX 78210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/18 Rpt: 65/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
---	---	--

4 Date 01/22/2026	5 Payee name Harold Dutton Campaign
-----------------------------	---

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8799 N. Loop East, Suite 305 Houston, TX 77029
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Helen Kerwin Campaign
--------------------	-------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 420 Grand Ave Glen Rose, TX 76043
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Holly Jeffreys Campaign
--------------------	---------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 S FM 2381 Amarillo, TX 79124
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/18 Rpt: 66/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
---	---	--

4 Date 01/22/2026	5 Payee name Hubert Vo Campaign
-----------------------------	---

6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 11360 Bellaire Blvd., #880 Houston, TX 77072
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Janie Lopez Campaign
--------------------	------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2073 San Benito, TX 78586
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Jared Patterson Campaign
--------------------	--

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4412 Sapphire Dr Frisco, TX 75034
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/18 Rpt: 67/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
--	---	--

4 Date 01/09/2026	5 Payee name Jay Dean Campaign
-----------------------------	--

6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3822 Holly Ridge Longview, TX 75605
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Jeff Leach Campaign
--------------------	-----------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2417 Piedra Drive Plano, TX 75023
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name John Smithee Campaign
--------------------	-------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2808 S. Parker Amarillo, TX 79109
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/18 Rpt: 68/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
--	---	--

4 Date 01/22/2026	5 Payee name Judith Zaffirini Campaign
-----------------------------	--

6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 627 Laredo, TX 78042
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Ken King Campaign
--------------------	---------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2416 Locust Canadian, TX 79014
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Keresa Richardson Campaign
--------------------	--

Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1179 McKinney, TX 75070
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 12/18 Rpt: 69/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/22/2026	5 Payee name Lacey Hull Campaign	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 19231 Houston, TX 77224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/18/2026	Payee name Leigh Wambsganss Campaign	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 600 N Carroll Ave Southlake, TX 76092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2026	Payee name Marc LaHood Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4014 McCullough Ave San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/18 Rpt: 70/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
--	---	--

4 Date 01/22/2026	5 Payee name Mark Dorazio Campaign
-----------------------------	--

6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 461341 San Antonio, TX 78246
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Mary Ann Perez Campaign
--------------------	---------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7007 Gulf Freeway Houston, TX 77087
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Morgan Meyer Campaign
--------------------	-------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3232 McKinney Ave, Suite 660 Dallas, TX 75204
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/18 Rpt: 71/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/22/2026	5 Payee name Nate Schatzline Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13037 Monte Alto St Fort Worth, TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2026	Payee name Pat Curry Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 204 Woodhew Dr Waco, TX 76712	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2026	Payee name Philip Cortez Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7919 Liberty Island San Antonio, TX 78227	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/18 Rpt: 72/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
--	---	--

4 Date 01/22/2026	5 Payee name Ray Callas Campaign
-----------------------------	--

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3440 Fannin Ste B Beaumont, TX 77701
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Ron Reynolds Campaign
--------------------	-------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6140 Hwy 6 South, Ste. 233 Missouri City, TX 77549
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Stan Gerdes Campaign
--------------------	------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 606 Gresham St Smithville, TX 78957
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	--	---

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/18 Rpt: 73/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
--	---	--

4 Date 01/22/2026	5 Payee name Stan Kitzman Campaign
-----------------------------	--

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 553 Pattison, TX 77466
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Steve Toth Campaign
--------------------	-----------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 23 E Sundance Circle The Woodlands, TX 77382
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Suleman Lalani Campaign
--------------------	---------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 445 Commerce Green Blvd Sugar Land, TX 77478
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/18 Rpt: 74/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
--	---	--

4 Date 01/22/2026	5 Payee name Terri Leo-Wilson Campaign
-----------------------------	--

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 29 Pirates Bch W Galveston, TX 77554
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Tom Butler Campaign
--------------------	-----------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1400 W Fairmont Pkwy La Porte, TX 77571
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Trent Ashby Campaign
--------------------	------------------------------------

Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 412 Lufkin, TX 75902
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 18/18 Rpt: 75/77	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
--	---	--

4 Date 01/22/2026	5 Payee name Venton Jones Campaign
-----------------------------	--

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1075 Griffin St West Dallas, TX 75215
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/22/2026	Payee name Will Metcalf Campaign
--------------------	-------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 454 Conroe, TX 77305
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/07/2026	5 Payee name Carriage House Partners	
6 Amount (\$) 6,445.31 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5502 Hidden Trails Arlington, TX 76017	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Lobbyist
Date 01/14/2026	Payee name Clem, Mike	
Amount (\$) 1,107.06 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 10155 Shadyview Dallas, TX 75238	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 01/05/2026	Payee name DonorPerfect	
Amount (\$) 128.76 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 830578 Philadelphia, PA 19182	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 01/21/2026	Payee name Fedex	
Amount (\$) 53.57 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 942 South Shady Grove Memphis, TN 38120	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
4 Date 01/25/2026	5 Payee name Paypal	
6 Amount (\$) 400.26 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Payment fee
Date 01/23/2026	Payee name QuickBooks Payments	
Amount (\$) 641.82 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2632 Marine Way Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 01/16/2026	Payee name TOA Facility	
Amount (\$) 750.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3011 N Lamar ste 300 Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees