# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM MPAC**
**COVER SHEET PG 1**

**The MPAC Instruction Guide explains how to complete this form.**

**1** Filer ID (Ethics Commission Filers): 00015622

**2** Total pages filed: 70

**OFFICE USE ONLY**

Date Received: ELECTRONICALLY FILED 03/03/2026

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

**3** COMMITTEE NAME: Texas Optometric PAC

**4** COMMITTEE ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
3011 N. Lamar
Ste 300
Austin, TX 78705

**5** CAMPAIGN TREASURER NAME
MS / MRS / MR: Ms.
FIRST: Brenda J.
MI:
NICKNAME: BJ
LAST: Avery
SUFFIX:

**6** CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3011 N. Lamar
Ste 300
Austin, TX 78705

**7** CAMPAIGN TREASURER MAILING ADDRESS
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

**8** CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 707-2020

**9** REPORT TYPE
- [X] Monthly
- [ ] 10th day after campaign treasurer termination
- [ ] Dissolution (Attach PAC-DR)

**10** MONTHLY REPORT FILING DEADLINE
- [ ] January 5
- [ ] February 5
- [X] March 5
- [ ] April 5
- [ ] May 5
- [ ] June 5
- [ ] July 5
- [ ] August 5
- [ ] September 5
- [ ] October 5
- [ ] November 5
- [ ] December 5

**11** PERIOD COVERED
Month Day Year: 01/26/2026
THROUGH
Month Day Year: 02/25/2026

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

**FORM MPAC**
**COVER SHEET PG 2**

| **12** COMMITTEE NAME | **13** Filer ID (Ethics Commission Filers) |
|---|---|
| Texas Optometric PAC | 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) ☐ 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) | $ 43,818.06 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | $ 0.00 |
| | **4. TOTAL POLITICAL EXPENDITURES** | $ 1,000.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 368,568.88 |
| 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

**FORM MPAC**
**COVER SHEET PG 3**


| 17 COMMITTEE NAME | 18 Filer ID (Ethics Commission Filers) |
|---|---|
| Texas Optometric PAC | 00015622 |

| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 43,818.06 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | $ |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | $ |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | $ |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | $ |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | $ |
| 9. | | SCHEDULE E: LOANS | $ |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | $ 1,000.00 |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | $ |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 14. | X | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | $ 11,493.15 |
| 15. | | 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: 1/64 Rpt: 4/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Acosta O.D., Celeste<br>6 Contributor address; City; State; Zip Code<br>Helotes, TX 78023 | $50.00 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Alexander O.D., Lindsey<br>Contributor address; City; State; Zip Code<br>Sunnyvale, TX 75182 | Amount of Contribution ($): $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Ali O.D., Mohsan<br>Contributor address; City; State; Zip Code<br>Pearland, TX 77584 | Amount of Contribution ($): $20.20 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Allen O.D., Karen<br>Contributor address; City; State; Zip Code<br>Dallas, TX 75248 | Amount of Contribution ($): $110.52 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Allen O.D., Mark<br>Contributor address; City; State; Zip Code<br>Atlanta, TX 75551 | Amount of Contribution ($): $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: 2/64 Rpt: 5/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | ☐ out-of-state PAC (ID#:_____)<br>Allison O.D., Joseph<br>Bryan, TX 77802 | $200.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | ☐ out-of-state PAC (ID#:_____)<br>Altig O.D., William<br>Fort Worth, TX 76137 | $400.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | ☐ out-of-state PAC (ID#:_____)<br>Altig O.D., William<br>Fort Worth, TX 76137 | $400.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | ☐ out-of-state PAC (ID#:_____)<br>Anderson O.D., Vanessa<br>Amarillo, TX 79109 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | ☐ out-of-state PAC (ID#:_____)<br>Annunziato O.D., Tom<br>Fort Worth, TX 76008 | $200.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 3/64 Rpt: 6/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Annunziato O.D., Tom<br>6 Contributor address; City; State; Zip Code<br>Fort Worth, TX 76008 | $219.97 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Ballance O.D., Sherry<br>Contributor address; City; State; Zip Code<br>Cedar Park, TX 78613 | Amount of Contribution ($): $20.20 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Barajas O.D., Juan<br>Contributor address; City; State; Zip Code<br>Mission, TX 78572 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Barber O.D., Matt<br>Contributor address; City; State; Zip Code<br>Ft. Worth, TX 76116-5525 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Barney O.D., Paul M<br>Contributor address; City; State; Zip Code<br>Anchorage, AK 99502 | Amount of Contribution ($): $219.97 |
| 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: 4/64 Rpt: 7/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Barraza O.D., Jessica<br>6 Contributor address; City; State; Zip Code<br>Grand Prairie, TX 75050 | $30.00 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Barrera O.D., Enedelia<br>Contributor address; City; State; Zip Code<br>Pharr, TX 78577 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Bashover O.D., Matthew<br>Contributor address; City; State; Zip Code<br>Arlington, TX 76011 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Bass O.D., John<br>Contributor address; City; State; Zip Code<br>Fort Worth, TX 76109 | Amount of Contribution ($): $110.52 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Bate O.D., Joy<br>Contributor address; City; State; Zip Code<br>Haslet, TX 76052 | Amount of Contribution ($): $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: 5/64 Rpt: 8/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Bensen O.D., Ansu<br>6 Contributor address; City; State; Zip Code<br>Princeton, TX 75407 | $22.96 |

8 Principal occupation / Job title (See Instructions): Optometrist

9 Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Bernay O.D., Deborah<br>Contributor address; City; State; Zip Code<br>La Porte, TX 77571 | $200.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Bernay O.D., Deborah<br>Contributor address; City; State; Zip Code<br>La Porte, TX 77571 | $200.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Bhaga O.D., Sheetal<br>Contributor address; City; State; Zip Code<br>Frisco, TX 75036 | $54.98 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Blount O.D., Brian<br>Contributor address; City; State; Zip Code<br>Beaumont, TX 77706 | $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: 6/64 Rpt: 9/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) | 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|---|---|---|---|
| 02/15/2026 | Bock O.D., Matthew | Houston, TX 77063 | $20.20 | Optometrist | |
| 02/15/2026 | Brending O.D., Gabrielle | Seabrook, TX 77586 | $5.00 | Optometrist | |
| 02/15/2026 | Brinegar O.D., Vaughn | Cedar Park, TX 78613 | $20.20 | Optometrist | |
| 02/15/2026 | Broussard O.D., Wendy | Beaumont, TX 77701 | $100.00 | Optometrist | |
| 02/15/2026 | Brownlee O.D., Chris | Galveston, TX 77550 | $400.00 | Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 7/64 Rpt: 10/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Bui O.D., Thoai<br>Carrollton, TX 75007 | $100.00 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| 02/15/2026 | Burket O.D., Caitlin<br>Harlingen, TX 78552 | $12.11 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Butler O.D., W.R.<br>Round Rock, TX 78681 | $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Campbell O.D., Megan<br>Celina, TX 75009 | $20.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Cargo O.D., Jon<br>Irving, TX 75063 | $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: 8/64 Rpt: 11/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Carter O.D., Trey<br>6 Contributor address; City; State; Zip Code<br>Celina, TX 75009 | $7.11 |

8 Principal occupation / Job title (See Instructions): Optometrist

9 Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Cass O.D., Peter<br>Contributor address; City; State; Zip Code<br>Lumberton, TX 77657 | $400.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Castleberry O.D., Kim<br>Contributor address; City; State; Zip Code<br>Plano, TX 75024 | $400.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Catuncan O.D., Jennifer<br>Contributor address; City; State; Zip Code<br>Bedford, TX 76022 | $50.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Celico O.D., Brian<br>Contributor address; City; State; Zip Code<br>Plano, TX 75093 | $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: 9/64 Rpt: 12/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Celico O.D., Brian<br>6 Contributor address; City; State; Zip Code<br>Plano, TX 75093 | $50.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Cerda O.D., Juan<br>Contributor address; City; State; Zip Code<br>McAllen, TX 78501 | $400.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Chambliss O.D., Ethan<br>Contributor address; City; State; Zip Code<br>Sweeny, TX 77480 | $110.52 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Chen O.D., Alex<br>Contributor address; City; State; Zip Code<br>Bellaire, TX 77401 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Chen O.D., Alex<br>Contributor address; City; State; Zip Code<br>Bellaire, TX 77401 | $110.52 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 10/64 Rpt: 13/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Cherry O.D., Brian<br>6 Contributor address; City; State; Zip Code<br>Ft Worth, TX 76137 | $200.00 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Cheyne O.D., Chris<br>Contributor address; City; State; Zip Code<br>Granbury, TX 76049 | Amount of Contribution ($): $400.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Cobb O.D., Amy<br>Contributor address; City; State; Zip Code<br>Amarillo, TX 79107 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Coble O.D., John<br>Contributor address; City; State; Zip Code<br>Greenville, TX 75401 | Amount of Contribution ($): $219.97 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Colston O.D., Ben<br>Contributor address; City; State; Zip Code<br>Arlington, TX 76013 | Amount of Contribution ($): $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: 11/64 Rpt: 14/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Contaldi O.D., Mario<br>6 Contributor address; City; State; Zip Code<br>Keller, TX 76248 | $100.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Contaldi O.D., Mario<br>Contributor address; City; State; Zip Code<br>Keller, TX 76248 | $110.52 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Conte O.D., Michael<br>Contributor address; City; State; Zip Code<br>Lake Worth, TX 76135 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Cooke O.D., Kyle<br>Contributor address; City; State; Zip Code<br>Mansfield, TX 76063 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Cowan O.D., Steve<br>Contributor address; City; State; Zip Code<br>Amarillo, TX 79109 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 12/64 Rpt: 15/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Cox O.D., Adam<br>6 Contributor address; City; State; Zip Code<br>Atlanta, TX 75551 | $110.52 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Cox O.D., Steven<br>Contributor address; City; State; Zip Code<br>Uvalde, TX 78801 | Amount of Contribution ($): $110.52 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Crowell O.D., Courtney<br>Contributor address; City; State; Zip Code<br>Fort Worth, TX 76107 | Amount of Contribution ($): $54.98 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Culbertson O.D., W Edward<br>Contributor address; City; State; Zip Code<br>Dallas, TX 75225 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Culbertson O.D., W Edward<br>Contributor address; City; State; Zip Code<br>Dallas, TX 75225 | Amount of Contribution ($): $219.97 |
| 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: 13/64 Rpt: 16/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Curtis O.D., Wiley<br>6 Contributor address; City; State; Zip Code<br>Arlington, TX 76016 | $100.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Dabney O.D., Brandon<br>Contributor address; City; State; Zip Code<br>Amarillo, TX 79102 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Dang O.D., Thuyhong<br>Contributor address; City; State; Zip Code<br>Houston, TX 77007 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Dao O.D., Mavis<br>Contributor address; City; State; Zip Code<br>Pearland, TX 77584 | $20.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Davis O.D., Mark<br>Contributor address; City; State; Zip Code<br>San Antonio, TX 78259 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 14/64 Rpt: 17/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Day O.D., Robert<br>6 Contributor address; City; State; Zip Code<br>Garland, TX 75041 | $219.97 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____): DeLoach O.D., Joe<br>Contributor address; City; State; Zip Code<br>Streetman, TX 75859 | Amount of Contribution ($): $5,337.91 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____): DeMaggio O.D., Julie<br>Contributor address; City; State; Zip Code<br>Mansfield, TX 76063 | Amount of Contribution ($): $20.20 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____): DeShaw O.D., Jonathan<br>Contributor address; City; State; Zip Code<br>Garland, TX 75042 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____): Deakins O.D., Jennifer<br>Contributor address; City; State; Zip Code<br>Irving, TX 75063-3466 | Amount of Contribution ($): $219.97 |
| 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: 15/64 Rpt: 18/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Deakins O.D., Jennifer<br>6 Contributor address; City; State; Zip Code<br>Irving, TX 75063-3466 | $6.56 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Deakins O.D., Jennifer<br>Contributor address; City; State; Zip Code<br>Irving, TX 75063-3466 | $6.56 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Delay O.D., Richard<br>Contributor address; City; State; Zip Code<br>Boerne, TX 78015 | $200.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Delk O.D., Kyle<br>Contributor address; City; State; Zip Code<br>Port Neches, TX 77651 | $25.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Dennington O.D., Ashlynn<br>Contributor address; City; State; Zip Code<br>Fair Oaks Ranch, TX 78015 | $54.98 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:
Sch: 16/64 Rpt: 19/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Dennis O.D., Keith<br>6 Contributor address; City; State; Zip Code<br>Round Rock, TX 78664 | $100.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Deviney O.D., Jason<br>Contributor address; City; State; Zip Code<br>Olmos Park, TX 78212 | $54.98 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Dinh O.D., David<br>Contributor address; City; State; Zip Code<br>Allen, TX 75002 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Dolce O.D., Jackson<br>Contributor address; City; State; Zip Code<br>Beaumont, TX 77706 | $22.96 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Dunnigan O.D., Shawn<br>Contributor address; City; State; Zip Code<br>Lumberton, TX 77657 | $1,084.11 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:
Sch: 17/64 Rpt: 20/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Dunnigan O.D., Shawn<br>6 Contributor address; City; State; Zip Code<br>Lumberton, TX 77657 | $200.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Duong O.D., Nghiem<br>Contributor address; City; State; Zip Code<br>Richardson, TX 75080 | $214.79 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Ellis O.D., John<br>Contributor address; City; State; Zip Code<br>El Paso, TX 79902 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Ermis O.D., Keith<br>Contributor address; City; State; Zip Code<br>Wharton, TX 77488 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Feeser O.D., Michael<br>Contributor address; City; State; Zip Code<br>Huntingtown, MD 20639 | $20.20 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:
Sch: 18/64 Rpt: 21/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Fleitman O.D., Cynthia | $100.00 |
| | 6 Contributor address; City; State; Zip Code<br>Gainesville, TX 76240 | |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Fleitman O.D., Cynthia | $100.00 |
| | Contributor address; City; State; Zip Code<br>Gainesville, TX 76240 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Flores O.D., Amador | $100.00 |
| | Contributor address; City; State; Zip Code<br>Laredo, TX 78041 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Floyd-Brochetti O.D., Brenda | $20.20 |
| | Contributor address; City; State; Zip Code<br>Plano, TX 75075 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Fortenberry O.D., Sandra | $54.98 |
| | Contributor address; City; State; Zip Code<br>Helotes, TX 78023 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:
Sch: 19/64 Rpt: 22/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Foster O.D., Shane<br>6 Contributor address; City; State; Zip Code<br>Athens, OH 45701 | $110.52 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Gamini O.D., Safinaz<br>Contributor address; City; State; Zip Code<br>Plano, TX 75093 | $20.20 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Garcia O.D., Claudia<br>Contributor address; City; State; Zip Code<br>Houston, TX 77081 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Garcia O.D., Claudia<br>Contributor address; City; State; Zip Code<br>Houston, TX 77081 | $110.52 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Garza O.D., Janet<br>Contributor address; City; State; Zip Code<br>Houston, TX 77064 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 20/64 Rpt: 23/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Gee O.D., Kevin<br>6 Contributor address; City; State; Zip Code<br>Missouri City, TX 77459 | $400.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Gibson O.D., David<br>Contributor address; City; State; Zip Code<br>Lubbock, TX 79423 | $30.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Glenn O.D., Erina<br>Contributor address; City; State; Zip Code<br>Burleson, TX 76028 | $12.11 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Goff O.D., Kathleen<br>Contributor address; City; State; Zip Code<br>El Paso, TX 79932 | $1,084.11 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Gonzalez O.D., Jaime<br>Contributor address; City; State; Zip Code<br>Plano, TX 75024 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:
Sch: 21/64 Rpt: 24/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Gray O.D., David | $50.00 |
| | 6 Contributor address; City; State; Zip Code<br>Midland, TX 79705 | |
| 8 Principal occupation / Job title (See Instructions)<br>Optometrist | 9 Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Gray O.D., David | $110.52 |
| | Contributor address; City; State; Zip Code<br>Midland, TX 79705 | |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Gray O.D., Jeannie | $50.00 |
| | Contributor address; City; State; Zip Code<br>Midland, TX 79705 | |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Gray O.D., Jeannie | $110.52 |
| | Contributor address; City; State; Zip Code<br>Midland, TX 79705 | |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Greeman O.D., Kevin | $50.00 |
| | Contributor address; City; State; Zip Code<br>San Antonio, TX 78212 | |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:
Sch: 22/64 Rpt: 25/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Greeman O.D., Nelson<br>6 Contributor address; City; State; Zip Code<br>San Antonio, TX 78212 | $100.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Green O.D., Leigh<br>Contributor address; City; State; Zip Code<br>Woodway, TX 76712 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Greene O.D., Matthew<br>Contributor address; City; State; Zip Code<br>College Station, TX 77845 | $200.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Greenstein O.D., Karena<br>Contributor address; City; State; Zip Code<br>Dallas, TX 75216 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Guillot O.D., Rolando<br>Contributor address; City; State; Zip Code<br>El Paso, TX 79912 | $657.77 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 23/64 Rpt: 26/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Gunnell O.D., Larry<br>6 Contributor address; City; State; Zip Code<br>Witchita Falls, TX 76308 | $100.00 |

8 Principal occupation / Job title (See Instructions): Optometrist

9 Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Hall O.D., Jamie<br>Contributor address; City; State; Zip Code<br>Wills Point, TX 75169 | $20.20 |

Principal occupation / Job title (See Instructions): Accountant

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Hammond O.D., Deanna<br>Contributor address; City; State; Zip Code<br>Waxahachie, TX 75165 | $400.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Hammond O.D., Eric<br>Contributor address; City; State; Zip Code<br>Austin, TX 78750 | $100.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Hanson O.D., Mark<br>Contributor address; City; State; Zip Code<br>Arlington, TX 76012 | $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: 24/64 Rpt: 27/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Hanson O.D., Mark<br>6 Contributor address; City; State; Zip Code<br>Arlington, TX 76012 | $110.52 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Harper O.D., Ellener<br>Contributor address; City; State; Zip Code<br>Fort Worth, TX 76131 | $20.20 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Hart O.D., Peggy<br>Contributor address; City; State; Zip Code<br>Houston, TX 77079 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Harvey O.D., Cameo<br>Contributor address; City; State; Zip Code<br>Abilene, TX 79605 | $20.20 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Hawari O.D., Andy<br>Contributor address; City; State; Zip Code<br>Mineola, TX 75773 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:
Sch: 25/64 Rpt: 28/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Hawari O.D., Andy<br>6 Contributor address; City; State; Zip Code<br>Mineola, TX 75773 | $100.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Hawkins O.D., Heidi<br>Contributor address; City; State; Zip Code<br>Amarillo, TX 79109 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Hayter O.D., Paul<br>Contributor address; City; State; Zip Code<br>Irving, TX 75063 | $200.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Heeg O.D., Paul<br>Contributor address; City; State; Zip Code<br>Coppell, TX 75019 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Heeg O.D., Paul<br>Contributor address; City; State; Zip Code<br>Coppell, TX 75019 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 26/64 Rpt: 29/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Hejny O.D., Whitney<br>6 Contributor address; City; State; Zip Code<br>Miles, TX 76861 | $50.00 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Helbert-Green O.D., Carolyn<br>Contributor address; City; State; Zip Code<br>Colleyville, TX 76034 | Amount of Contribution ($): $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Henry O.D., Amy<br>Contributor address; City; State; Zip Code<br>Victoria, TX 77904 | Amount of Contribution ($): $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Hoang O.D., Bao<br>Contributor address; City; State; Zip Code<br>Katy, TX 77494 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Hoang O.D., Kathy<br>Contributor address; City; State; Zip Code<br>Katy, TX 77494 | Amount of Contribution ($): $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: 27/64 Rpt: 30/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Holle O.D., Laura<br>San Angelo, TX 76904 | $100.00 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| 02/15/2026 | Hopping O.D., Ron<br>Friendswood, TX 77546 | $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Hull O.D., Henry<br>New Braunfels, TX 78130 | $2,572.94 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Hutchins O.D., Jaclyn<br>San Antonio, TX 78257 | $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Huynh O.D., Hieu<br>Dallas, TX 75240 | $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: 28/64 Rpt: 31/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Jacob O.D., Erin<br>6 Contributor address; City; State; Zip Code<br>Lockhart, TX 78664 | $50.00 |

8 Principal occupation / Job title (See Instructions)
Optometrist

9 Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Janak O.D., Emily<br>Contributor address; City; State; Zip Code<br>Georgetown, TX 78628 | $28.43 |

Principal occupation / Job title (See Instructions)
Optometrist

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Johle O.D., Sarah<br>Contributor address; City; State; Zip Code<br>Hutto, TX 78634 | $50.00 |

Principal occupation / Job title (See Instructions)
Optometrist

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Johnson O.D., Murray<br>Contributor address; City; State; Zip Code<br>Dallas, TX 75287 | $400.00 |

Principal occupation / Job title (See Instructions)
Optometrist

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Jones O.D., Jeffrey<br>Contributor address; City; State; Zip Code<br>Holly Lake Ranch, TX 75765 | $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: 29/64 Rpt: 32/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Jordan O.D., Emily<br>6 Contributor address; City; State; Zip Code<br>Austin, TX 78746 | $50.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Karanges O.D., Gayle<br>Contributor address; City; State; Zip Code<br>Arlington, TX 76005 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Kelly O.D., Shawn<br>Contributor address; City; State; Zip Code<br>Plano, TX 75023 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Kemp O.D., Robert<br>Contributor address; City; State; Zip Code<br>Houston, TX 77015-2310 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Knight O.D., Millicent<br>Contributor address; City; State; Zip Code<br>Plano, TX 75093 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 30/64 Rpt: 33/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Kroeger O.D., W<br>Fredericksburg, TX 79624 | $200.00 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| 02/15/2026 | Kuder O.D., Bryan<br>Carrollton, TX 75007 | $20.20 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Kurtin O.D., Steven<br>Dallas, TX 75252 | $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Lagunas O.D., Claudio<br>The Woodlands, TX 77382 | $400.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Lagunas O.D., Claudio<br>The Woodlands, TX 77382 | $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: 31/64 Rpt: 34/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Lagunas O.D., Kiannah<br>6 Contributor address; City; State; Zip Code<br>Cedar Park, TX 78613 | $25.00 |
| 8 Principal occupation / Job title (See Instructions)<br>Optometrist | 9 Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
| 02/15/2026 | Lam O.D., Lien<br>Contributor address; City; State; Zip Code<br>Irving, TX 75063 | $50.00 |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
| 02/15/2026 | Lam O.D., Sean<br>Contributor address; City; State; Zip Code<br>Houston, TX 77075 | $20.20 |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
| 02/15/2026 | Lambert O.D., Sawyer<br>Contributor address; City; State; Zip Code<br>Houston, TX 77008 | $100.00 |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
| 02/15/2026 | Le O.D., Anne<br>Contributor address; City; State; Zip Code<br>Houston, TX 77072 | $100.00 |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:
Sch: 32/64 Rpt: 35/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Le O.D., Anne | $100.00 |
| | 6 Contributor address; City; State; Zip Code<br>Houston, TX 77072 | |
| 8 Principal occupation / Job title (See Instructions)<br>Optometrist | 9 Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Le O.D., Hoan | $50.00 |
| | Contributor address; City; State; Zip Code<br>Spring, TX 76135 | |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Le O.D., Kevin | $5.00 |
| | Contributor address; City; State; Zip Code<br>Houston, TX 77054 | |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Le O.D., Lisa | $50.00 |
| | Contributor address; City; State; Zip Code<br>Missouri City, TX 77459 | |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Lou O.D., Oliver | $100.00 |
| | Contributor address; City; State; Zip Code<br>Cedar Park, TX 78613 | |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 33/64 Rpt: 36/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Lucas O.D., Thomas<br>6 Contributor address; City; State; Zip Code<br>Harker Heights, TX 76548 | $438.87 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Luu O.D., Becky<br>Contributor address; City; State; Zip Code<br>Plano, TX 75075 | Amount of Contribution ($): $29.52 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Mai O.D., Kelly<br>Contributor address; City; State; Zip Code<br>Cypress, TX 77433 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Makler O.D., Edward<br>Contributor address; City; State; Zip Code<br>Plano, TX 75093 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Maldonado O.D., Michael<br>Contributor address; City; State; Zip Code<br>El Paso, TX 79902 | Amount of Contribution ($): $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: 34/64 Rpt: 37/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Maldonado O.D., Nicole<br>San Antonio, TX 78249 | $50.00 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| 02/15/2026 | Malish O.D., Jackie<br>Grapevine, TX 76051 | $110.52 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Mann O.D., Chandler<br>San Antonio, TX 78258 | $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Maredia O.D., Nazia<br>San Antonio, TX 78258 | $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Martinez O.D., Michelle<br>Ft. Worth, TX 76244 | $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: 35/64 Rpt: 38/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Masters O.D., Trishna<br>Arlington, TX 76006 | $20.20 |
| **8 Principal occupation / Job title (See Instructions)** | **9 Employer (See Instructions)** | |
| Optometrist | | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | McCarty O.D., Dennis<br>Cedar Park, TX 78613 | $50.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |
| Optometrist | | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | McClain O.D., Christos<br>College Station, TX 77845 | $20.20 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |
| Optometrist | | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | McCormick O.D., Michael<br>Austin, TX 78759 | $50.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |
| Optometrist | | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | McCown O.D., Joshua<br>Gatesville, TX 76528 | $100.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |
| Optometrist | | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:
Sch: 36/64 Rpt: 39/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | McDaniel O.D., Stephen<br>6 Contributor address; City; State; Zip Code<br>Dallas, TX 75208 | $100.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | McGowan O.D., Joseph<br>Contributor address; City; State; Zip Code<br>AUSTIN, TX 78748-1051 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | McGullion O.D., John Mark<br>Contributor address; City; State; Zip Code<br>Georgetown, TX 78626 | $28.43 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | McPherson O.D., Kimberly Blythe<br>Contributor address; City; State; Zip Code<br>North Richland Hills, TX 76180 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Means O.D., Stephen<br>Contributor address; City; State; Zip Code<br>Huntsville, TX 77340 | $400.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 37/64 Rpt: 40/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Means O.D., Stephen<br>Huntsville, TX 77340 | $438.87 |

8 Principal occupation / Job title (See Instructions): Optometrist

9 Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Mixon O.D., Brent<br>Angleton, TX 77515 | $165.24 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Montgomery O.D., Brandi<br>Missouri City, TX 77459 | $110.52 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Montgomery O.D., Brandi<br>Missouri City, TX 77459 | $50.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Moore O.D., Tory<br>Dumas, TX 79029 | $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: 38/64 Rpt: 41/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Mora O.D., David<br>6 Contributor address; City; State; Zip Code<br>Laredo, TX 78043 | $50.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Mozdbar O.D., Sima<br>Contributor address; City; State; Zip Code<br>Austin, TX 78750 | $20.20 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Munson O.D., Kevin<br>Contributor address; City; State; Zip Code<br>Melissa, TX 75454 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Murray O.D., Madison<br>Contributor address; City; State; Zip Code<br>Carmine, TX 78932 | $110.52 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Murrell O.D., Jessica<br>Contributor address; City; State; Zip Code<br>Spring, TX 77002 | $20.20 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 39/64 Rpt: 42/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) | 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|---|---|---|---|
| 02/15/2026 | Newman O.D., Clarke | Dallas, TX 75201 | $428.79 | Optometrist | |
| 02/15/2026 | Newton O.D., Ronald | Laredo, TX 78040 | $100.00 | Optometrist | |
| 02/15/2026 | Nguyen O.D., Hai | Portland, TX 78374 | $50.00 | Optometrist | |
| 02/15/2026 | Nguyen O.D., Jenifer | Addison, TX 75001 | $50.00 | Optometrist | |
| 02/15/2026 | Nguyen O.D., Quan | Houston, TX 77072 | $100.00 | Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 40/64 Rpt: 43/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Nguyen O.D., Steve<br>Dallas, TX 75224 | $200.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Nguyen O.D., Thai-An<br>Dallas, TX 75206 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Nguyen O.D., Tu<br>Cypress, TX 77429 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Nguyen O.D., Vicki<br>Grand Prairie, TX 75054 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Nichols O.D., Brian<br>Mt Pleasant, TX 75455 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 41/64 Rpt: 44/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | O''Brien O.D., Erica<br>6 Contributor address; City; State; Zip Code<br>Georgetown, TX 78628 | $100.00 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>O'Brien O.D., Lisa<br>Contributor address; City; State; Zip Code<br>Amarillo, TX 79109 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Ono O.D., Curtis<br>Contributor address; City; State; Zip Code<br>Seattle, WA 98103 | Amount of Contribution ($): $219.97 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Orozco O.D., Michael<br>Contributor address; City; State; Zip Code<br>San Antonio, TX 78240 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Ousley O.D., Bruce<br>Contributor address; City; State; Zip Code<br>Highland Village, TX 75077 | Amount of Contribution ($): $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: 42/64 Rpt: 45/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Park O.D., Jon<br>6 Contributor address; City; State; Zip Code<br>Irving, TX 75063 | $100.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Pass O.D., Hulon<br>Contributor address; City; State; Zip Code<br>Fort Stockton, TX 79735 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Pass O.D., Joshua<br>Contributor address; City; State; Zip Code<br>Fort Stockton, TX 79735 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Patel O.D., Ajay<br>Contributor address; City; State; Zip Code<br>Frisco, TX 75035 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Patel O.D., Hiten<br>Contributor address; City; State; Zip Code<br>Uvalde, TX 78801 | $200.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 43/64 Rpt: 46/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Patel O.D., Kumar<br>6 Contributor address; City; State; Zip Code<br>Flower Mound, TX 75028 | $50.00 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____): Patel O.D., Nimisha<br>Contributor address; City; State; Zip Code<br>Houston, TX 77027 | Amount of Contribution ($): $20.20 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____): Patel O.D., Samir<br>Contributor address; City; State; Zip Code<br>Beaumont, TX 77706 | Amount of Contribution ($): $219.97 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____): Patrick O.D., Carey<br>Contributor address; City; State; Zip Code<br>Allen, TX 75002 | Amount of Contribution ($): $200.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____): Pattni O.D., Samir<br>Contributor address; City; State; Zip Code<br>Plano, TX 75023 | Amount of Contribution ($): $10.00 |
| 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: 44/64 Rpt: 47/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Pena O.D., Benny<br>6 Contributor address; City; State; Zip Code<br>Kerrville, TX 78028 | $200.00 |

8 Principal occupation / Job title (See Instructions): Optometrist

9 Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Pepin O.D., Allison<br>Contributor address; City; State; Zip Code<br>Georgetown, TX 78628 | $54.98 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Perez O.D., Elizabeth<br>Contributor address; City; State; Zip Code<br>Beeville, TX 78102 | $100.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Peterson O.D., Christopher<br>Contributor address; City; State; Zip Code<br>Carrolton, TX 75006 | $50.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Pham O.D., Janna<br>Contributor address; City; State; Zip Code<br>Houston, TX 77008 | $54.98 |

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: 45/64 Rpt: 48/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Philip O.D., Blessy | $27.54 |
| | 6 Contributor address; City; State; Zip Code<br>Carrollton, TX 75010 | |
| 8 Principal occupation / Job title (See Instructions)<br>Optometrist | 9 Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Phillips O.D., Jeff | $100.00 |
| | Contributor address; City; State; Zip Code<br>Texarkana, TX 75503 | |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Pierce O.D., Jordan | $50.00 |
| | Contributor address; City; State; Zip Code<br>Fort Worth, TX 76177 | |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Pillai O.D., Anith | $219.97 |
| | Contributor address; City; State; Zip Code<br>Sugarland, TX 77479 | |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Poole O.D., Mohan | $100.00 |
| | Contributor address; City; State; Zip Code<br>Marble Falls, TX 78654 | |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 46/64 Rpt: 49/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Prapta O.D., Shawn<br>6 Contributor address; City; State; Zip Code<br>Mansfield, TX 76063 | $100.00 |

8 Principal occupation / Job title (See Instructions): Optometrist

9 Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Prapta O.D., Shawn<br>Contributor address; City; State; Zip Code<br>Mansfield, TX 76063 | $100.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Prati O.D., Martin<br>Contributor address; City; State; Zip Code<br>Houston, TX 77058 | $100.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Proske O.D., Paul<br>Contributor address; City; State; Zip Code<br>Spring, TX 77379 | $50.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Puerto O.D., Amy<br>Contributor address; City; State; Zip Code<br>Covington, LA 70433 | $438.87 |

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: 47/64 Rpt: 50/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Rains O.D., Taylor<br>Cedar Park, TX 78613 | $11.56 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Rakich O.D., Dawn<br>San Antonio, TX 78215 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Raley O.D., Audrey<br>New Braunfels, TX 78132 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Ramirez O.D., Juan<br>Mission, TX 78573 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Ramirez-Shank O.D., Diane<br>San Antonio, TX 78232 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 48/64 Rpt: 51/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Ratcliff O.D., Reagan<br>6 Contributor address; City; State; Zip Code<br>Friendswood, TX 77546 | $50.00 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Reneau O.D., Aaron<br>Contributor address; City; State; Zip Code<br>Kingwood, TX 77345 | Amount of Contribution ($): $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Reynolds O.D., Samantha<br>Contributor address; City; State; Zip Code<br>Haslet, TX 76052 | Amount of Contribution ($): $75.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Riley O.D., Kelly<br>Contributor address; City; State; Zip Code<br>Brownfield, TX 79316 | Amount of Contribution ($): $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Robertson O.D., Reid<br>Contributor address; City; State; Zip Code<br>Allen, TX 75013 | Amount of Contribution ($): $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: 49/64 Rpt: 52/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Robertson O.D., Reid<br>Allen, TX 75013 | $50.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Robinson O.D., Beth<br>Friendswood, TX 77546 | $165.24 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Robinson O.D., Nathaniel<br>Lufkin, TX 75904 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Rodriguez O.D., Jaime<br>Weslaco, TX 78596 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Rojas O.D., Luis<br>Dallas, TX 75204 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 50/64 Rpt: 53/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Rosemore O.D., Corey Zac<br>Frisco, TX 75035 | $20.20 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| 02/15/2026 | Rosemore O.D., Ryan<br>Frisco, TX 75033 | $75.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Said O.D., Chad<br>Austin, TX 78754 | $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Salchak O.D., Robert<br>Sugarland, TX 77479 | $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Sandberg O.D., Kyle<br>San Antonio, TX 78229 | $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: 51/64 Rpt: 54/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Sappington O.D., Amanda<br>6 Contributor address; City; State; Zip Code<br>Amarillo, TX 79119 | $50.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Sawhney O.D., Dimple<br>Contributor address; City; State; Zip Code<br>Austin, TX 78723 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Scasta O.D., Tracey<br>Contributor address; City; State; Zip Code<br>College Station, TX 77845 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Scasta O.D., Tracey<br>Contributor address; City; State; Zip Code<br>College Station, TX 77845 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Schmiedecke O.D., Stephanie<br>Contributor address; City; State; Zip Code<br>San Antonio, TX 78248 | $24.05 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 52/64 Rpt: 55/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Segu O.D., Pat<br>6 Contributor address; City; State; Zip Code<br>Missouri City, TX 77459 | $50.00 |

8 Principal occupation / Job title (See Instructions): Optometrist

9 Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Shandley O.D., Brian<br>Contributor address; City; State; Zip Code<br>Lake Jackson, TX 77566 | $400.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Shannon O.D., Bridget<br>Contributor address; City; State; Zip Code<br>Frisco, TX 75035 | $50.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Shauger O.D., Susan<br>Contributor address; City; State; Zip Code<br>Austin, TX 78726 | $110.52 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Shidlofsky O.D., Charles<br>Contributor address; City; State; Zip Code<br>Plano, TX 75024 | $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: 53/64 Rpt: 56/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Sianghio O.D., Leyden<br>6 Contributor address; City; State; Zip Code<br>San Antonio, TX 78255 | $20.20 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Sitterle O.D., Scott<br>Contributor address; City; State; Zip Code<br>San Antonio, TX 78247 | Amount of Contribution ($): $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Smith O.D., Cameron<br>Contributor address; City; State; Zip Code<br>Mansfield, TX 76063 | Amount of Contribution ($): $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Smith O.D., Cameron<br>Contributor address; City; State; Zip Code<br>Mansfield, TX 76063 | Amount of Contribution ($): $200.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Sorrenson O.D., Laurie<br>Contributor address; City; State; Zip Code<br>Cedar Park, TX 78613 | Amount of Contribution ($): $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: 54/64 Rpt: 57/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Sorrenson O.D., Laurie<br>6 Contributor address; City; State; Zip Code<br>Cedar Park, TX 78613 | $219.97 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Sosa O.D., Virginia<br>Contributor address; City; State; Zip Code<br>Uvalde, TX 78801 | Amount of Contribution ($): $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Soto O.D., Nichole<br>Contributor address; City; State; Zip Code<br>Rockport, TX 78382 | Amount of Contribution ($): $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Stivala O.D., Barbara<br>Contributor address; City; State; Zip Code<br>Fort Worth, TX 76126 | Amount of Contribution ($): $20.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Strickland O.D., Clipper<br>Contributor address; City; State; Zip Code<br>Big Spring, TX 79720 | Amount of Contribution ($): $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: 55/64 Rpt: 58/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Strong O.D., Jane<br>6 Contributor address; City; State; Zip Code<br>Cypress, TX 77419 | $100.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Sturm O.D., Mark<br>Contributor address; City; State; Zip Code<br>Austin, TX 78749 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Sullivan O.D., Mitchell<br>Contributor address; City; State; Zip Code<br>Carrollton, TX 75006 | $5.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Taylor O.D., Alicia<br>Contributor address; City; State; Zip Code<br>San Antonio, TX 78254 | $5.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Taylor O.D., Erin<br>Contributor address; City; State; Zip Code<br>Amarillo, TX 79110 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 56/64 Rpt: 59/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Terrell O.D., Jenny<br>6 Contributor address; City; State; Zip Code<br>North Richland Hills, TX 76182 | $54.98 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Terwilliger O.D., Josey<br>Contributor address; City; State; Zip Code<br>Houston, TX 77004 | Amount of Contribution ($): $5.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Thames O.D., Lacey<br>Contributor address; City; State; Zip Code<br>Hutto, TX 78634 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Thomas O.D., Jack<br>Contributor address; City; State; Zip Code<br>Amarillo, TX 79109 | Amount of Contribution ($): $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Thomas O.D., Jeff<br>Contributor address; City; State; Zip Code<br>Melissa, TX 75454 | Amount of Contribution ($): $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: 57/64 Rpt: 60/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Thompson O.D., Melanie<br>6 Contributor address; City; State; Zip Code<br>Amarillo, TX 79109 | $100.00 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Thornton O.D., Kristofer<br>Contributor address; City; State; Zip Code<br>Longview, TX 75605 | Amount of Contribution ($): $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Tillotson O.D., Kelsey<br>Contributor address; City; State; Zip Code<br>Georgetown, TX 78628 | Amount of Contribution ($): $110.52 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Tovias O.D., Mayra<br>Contributor address; City; State; Zip Code<br>Santa Fe, TX 77510 | Amount of Contribution ($): $100.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Tran O.D., Anthony<br>Contributor address; City; State; Zip Code<br>Dallas, TX 75206 | Amount of Contribution ($): $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: 58/64 Rpt: 61/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Tran O.D., Jessica<br>Austin, TX 78759 | $20.20 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| 02/15/2026 | Tran O.D., Lori<br>Plano, TX 75023 | $200.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Tran O.D., Toan<br>Carrollton, TX 75010 | $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Trichel O.D., Jessica<br>Texarkana, TX 75503 | $20.20 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| 02/15/2026 | Trinh O.D., Kim<br>Austin, TX 78728 | $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: 59/64 Rpt: 62/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) | 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|---|---|---|---|
| 02/15/2026 | Tupa O.D., Faye | Ganado, TX 77962 | $50.00 | Optometrist | |
| 02/15/2026 | Turner O.D., Kimberly | San Antonio, TX 78258 | $100.00 | Optometrist | |
| 02/15/2026 | Twa O.D., Michael | Houston, TX 77019 | $50.00 | Optometrist | |
| 02/15/2026 | Twa O.D., Michael | Houston, TX 77019 | $100.00 | Optometrist | |
| 02/15/2026 | Tybor O.D., David | Austin, TX 78749 | $400.00 | Optometrist | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 60/64 Rpt: 63/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Tybor O.D., John<br>6 Contributor address; City; State; Zip Code<br>Austin, TX 78746 | $20.20 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Upchurch O.D., Alan<br>Contributor address; City; State; Zip Code<br>McKinney, TX 75070 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Urizar O.D., Jocelyn<br>Contributor address; City; State; Zip Code<br>Houston, TX 77077 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Valdes O.D., Matt<br>Contributor address; City; State; Zip Code<br>San Antonio, TX 78248 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Vasquez O.D., Antonio<br>Contributor address; City; State; Zip Code<br>Los Fresnos, TX 78566 | Amount of Contribution ($): $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: 61/64 Rpt: 64/70

2 FILER NAME
Texas Optometric PAC

3 Filer ID (Ethics Commission Filers)
00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Vaughn O.D., Jamel<br>6 Contributor address; City; State; Zip Code<br>Lubbock, TX 79416 | $50.00 |
| 8 Principal occupation / Job title (See Instructions)<br>Optometrist | 9 Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
| 02/15/2026 | Vorster O.D., Edward<br>Contributor address; City; State; Zip Code<br>Silsbee, TX 77656 | $400.00 |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
| 02/15/2026 | Wagner O.D., Troy<br>Contributor address; City; State; Zip Code<br>The Woodlands, TX 77382 | $200.00 |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
| 02/15/2026 | Walters O.D., Mary Kate<br>Contributor address; City; State; Zip Code<br>Brenham, TX 77833 | $100.00 |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
| 02/15/2026 | Walters O.D., Mary Kate<br>Contributor address; City; State; Zip Code<br>Brenham, TX 77833 | $100.00 |
| Principal occupation / Job title (See Instructions)<br>Optometrist | Employer (See Instructions) | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: Sch: 62/64 Rpt: 65/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Wampler O.D., Kimberly<br>6 Contributor address; City; State; Zip Code<br>Cedar Park, TX 78613 | $81.04 |
| 8 Principal occupation / Job title (See Instructions): Optometrist | 9 Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Warstler O.D., Ashley<br>Contributor address; City; State; Zip Code<br>Houston, TX 77042 | Amount of Contribution ($): $50.00 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>West O.D., Jacob<br>Contributor address; City; State; Zip Code<br>Flint, TX 75762 | Amount of Contribution ($): $110.52 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Wicks O.D., Colton<br>Contributor address; City; State; Zip Code<br>Paris, TX 75460 | Amount of Contribution ($): $274.69 |
| Principal occupation / Job title (See Instructions): Optometrist | Employer (See Instructions): | |
| Date: 02/15/2026 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Wild O.D., Tristan<br>Contributor address; City; State; Zip Code<br>Austin, TX 78730 | Amount of Contribution ($): $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: 63/64 Rpt: 66/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Wilken O.D., Bret<br>6 Contributor address; City; State; Zip Code<br>Coppell, TX 75019 | $50.00 |

8 Principal occupation / Job title (See Instructions): Optometrist

9 Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Williams O.D., Bryan<br>Contributor address; City; State; Zip Code<br>Dallas, TX 75208 | $20.20 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Williams O.D., Nekima<br>Contributor address; City; State; Zip Code<br>San Antonio, TX 78261 | $54.98 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Wilson O.D., Kent<br>Contributor address; City; State; Zip Code<br>Terrell, TX 75160 | $100.00 |

Principal occupation / Job title (See Instructions): Optometrist

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Wong O.D., Veronica<br>Contributor address; City; State; Zip Code<br>Kingwood, TX 77339 | $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: 64/64 Rpt: 67/70

2 FILER NAME: Texas Optometric PAC

3 Filer ID (Ethics Commission Filers): 00015622

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution ($) |
|---|---|---|
| 02/15/2026 | Wright O.D., David<br>Seminole, TX 79360 | $100.00 |
| 02/15/2026 | Wright O.D., Lance<br>Seminole, TX 79360 | $200.00 |
| 02/15/2026 | Yee O.D., Jamie<br>Dallas, TX 75033 | $100.00 |
| 02/15/2026 | Yeh O.D., Shihwei<br>Frisco, TX 75035 | $50.00 |
| 02/15/2026 | Zavala O.D., Noah<br>Texas City, TX 77590 | $30.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Optometrist | |
| Optometrist | |
| Optometrist | |
| Optometrist | |
| Optometrist | |

☐ out-of-state PAC (ID#:_____)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| **1** Total pages Schedule F1: Sch: 1/1 Rpt: 68/70 | **2** FILER NAME Texas Optometric PAC | **3** Filer ID (Ethics Commission Filers) 00015622 |
| **4** Date 02/19/2026 | **5** Payee name Josh Bray Campaign | |
| **6** Amount ($) $1,000.00 ☐ Expenditure from corporate funds | **7** Payee address; City; State; Zip Code PO Box 6247 Paris, TX 75461 | |
| **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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 |

# 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 02/09/2026 | **5** Payee name Carriage House Partners | |
| **6** Amount ($) 6,250.00 [X] Expenditure from corporate funds | **7** Payee Address; City; State; Zip 5502 Hidden Trails Arlington, TX 76017 | |
| **8** **PURPOSE OF EXPENDITURE** | **(a)** Category (See instructions for examples of acceptable categories) Accounting/Banking | **(b)** Description (See instructions regarding type of information required.) Lobbyist |
| Date 02/13/2026 | Payee name Clem, Mike | |
| Amount ($) 1,225.81 [X] 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 02/23/2026 | Payee name Paypal | |
| Amount ($) 354.51 [X] Expenditure from corporate funds | Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131 | |
| **PURPOSE OF EXPENDITURE** | **(a)** Category (See instructions for examples of acceptable categories) Accounting/Banking | **(b)** Description (See instructions regarding type of information required.) Payment fee |
| Date 02/23/2026 | Payee name QuickBooks Payments | |
| Amount ($) 752.15 [X] 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 |

# 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 02/09/2026 | **5** Payee name TOA Facility | |
| **6** Amount ($) 2,910.68 [X] Expenditure from corporate funds | **7** Payee Address; City; State; Zip 3011 N Lamar ste 300 Austin, TX 78705 | |
| **8** **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 |