

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Optometric PAC	13 Filer ID (Ethics Commission Filers) 00015622
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,248.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 365,870.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Brenda J. Avery

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Optometric PAC		18 Filer ID (Ethics Commission Filers) 00015622
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27,248.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 20,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,468.30
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/55 Rpt: 4/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta O.D., Celeste <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander O.D., Lindsey <hr/> Contributor address; City; State; Zip Code Sunnyvale, TX 75182	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali O.D., Mohsan <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen O.D., Karen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$110.52
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison O.D., Joseph <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/55 Rpt: 5/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altig O.D., William <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson O.D., Vanessa <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annunziato O.D., Tom <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76008	Amount of Contribution (\$) \$219.97
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballance O.D., Sherry <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barajas O.D., Juan <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/55 Rpt: 6/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber O.D., Matt	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Ft. Worth, TX 76116-5525	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barraza O.D., Jessica	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Grand Prairie, TX 75050	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera O.D., Ene delia	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bashover O.D., Matthew	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Arlington, TX 76011	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass O.D., John	Amount of Contribution (\$) \$110.52
	Contributor address; City; State; Zip Code Fort Worth, TX 76109	
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: 4/55 Rpt: 7/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/25/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bate O.D., Joy	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Haslet, TX 76052		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernay O.D., Deborah	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code La Porte, TX 77571		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernay O.D., Deborah	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code La Porte, TX 77571		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhaga O.D., Sheetal	Amount of Contribution (\$) \$54.98
Contributor address; City; State; Zip Code Frisco, TX 75036		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blount O.D., Brian	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Beaumont, TX 77706		
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: 5/55 Rpt: 8/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bock O.D., Matthew <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77063	7 Amount of Contribution (\$) \$20.20
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brending O.D., Gabrielle <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinegar O.D., Vaughn <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard O.D., Wendy <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownlee O.D., Chris <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/55 Rpt: 9/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bui O.D., Thoai <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75007	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burket O.D., Caitlin <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$12.11
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler O.D., W.R. <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell O.D., Megan <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cargo O.D., Jon <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/55 Rpt: 10/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter O.D., Trey <hr/> 6 Contributor address; City; State; Zip Code Celina, TX 75009	7 Amount of Contribution (\$) \$7.11
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cass O.D., Peter <hr/> Contributor address; City; State; Zip Code Lumberton, TX 77657	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castleberry O.D., Kim <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catuncan O.D., Jennifer <hr/> Contributor address; City; State; Zip Code Bedford, TX 76022	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celico O.D., Brian <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/55 Rpt: 11/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerda O.D., Juan <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78501	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen O.D., Alex <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$110.52
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherry O.D., Brian <hr/> Contributor address; City; State; Zip Code Ft Worth, TX 76137	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheyne O.D., Chris <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheyne O.D., Chris <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/55 Rpt: 12/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 02/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb O.D., James <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79107	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coble O.D., John <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$219.97
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston O.D., Ben <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contaldi O.D., Mario <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contaldi O.D., Mario <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$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: 10/55 Rpt: 13/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conte O.D., Michael <hr/> 6 Contributor address; City; State; Zip Code Lake Worth, TX 76135	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooke O.D., Kyle <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan O.D., Steve <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox O.D., Adam <hr/> Contributor address; City; State; Zip Code Atlanta, TX 75551	Amount of Contribution (\$) \$110.52
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox O.D., Steven <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$110.52
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/55 Rpt: 14/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowell O.D., Courtney	7 Amount of Contribution (\$) \$54.98
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culbertson O.D., W Edward	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75225	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis O.D., Wiley	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Arlington, TX 76016	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dabney O.D., Brandon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Amarillo, TX 79102	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dang O.D., Thuyhong	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/55 Rpt: 15/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dao O.D., Mavis <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis O.D., Mark <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day O.D., Robert <hr/> Contributor address; City; State; Zip Code Garland, TX 75041	Amount of Contribution (\$) \$219.97
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeMaggio O.D., Julie <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeShaw O.D., Jonathan <hr/> Contributor address; City; State; Zip Code Garland, TX 75042	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: 13/55 Rpt: 16/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deakins O.D., Jennifer <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063-3466	7 Amount of Contribution (\$) \$219.97
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delay O.D., Richard <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delk O.D., Kyle <hr/> Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennington O.D., Ashlynn <hr/> Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015	Amount of Contribution (\$) \$54.98
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis O.D., Keith <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	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: 14/55 Rpt: 17/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deviney O.D., Jason <hr/> 6 Contributor address; City; State; Zip Code Olmos Park, TX 78212	7 Amount of Contribution (\$) \$54.98
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolce O.D., Jackson <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$22.96
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunnigan O.D., Shawn <hr/> Contributor address; City; State; Zip Code Lumberton, TX 77657	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duong O.D., Nghiem <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$214.79
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis O.D., John <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/55 Rpt: 18/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/07/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ermis O.D., Keith <hr/> 6 Contributor address; City; State; Zip Code Wharton, TX 77488	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feeser O.D., Michael <hr/> Contributor address; City; State; Zip Code Huntingtown, MD 20639	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleitman O.D., Cynthia <hr/> Contributor address; City; State; Zip Code Gainesville, TX 76240	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores O.D., Amador <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd-Brochetti O.D., Brenda <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	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: 16/55 Rpt: 19/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortenberry O.D., Sandra	7 Amount of Contribution (\$) \$54.98
6 Contributor address; City; State; Zip Code Helotes, TX 78023		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamini O.D., Safinaz	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia O.D., Claudia	Amount of Contribution (\$) \$110.52
Contributor address; City; State; Zip Code Houston, TX 77081		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza O.D., Janet	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77064		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gee O.D., Kevin	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/55 Rpt: 20/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson O.D., David <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez O.D., Jaime <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray O.D., David <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$110.52
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray O.D., Jeannie <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$110.52
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greeman O.D., Kevin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/55 Rpt: 21/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greeman O.D., Nelson <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green O.D., Leigh <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene O.D., Matthew <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenstein O.D., Karena <hr/> Contributor address; City; State; Zip Code Dallas, TX 75216	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunnell O.D., Larry <hr/> Contributor address; City; State; Zip Code Witchita Falls, TX 76308	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/55 Rpt: 22/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall O.D., Jamie	7 Amount of Contribution (\$) \$20.20
6 Contributor address; City; State; Zip Code Wills Point, TX 75169		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond O.D., Deanna	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code Waxahachie, TX 75165		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond O.D., Eric	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78750		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson O.D., Mark	Amount of Contribution (\$) \$110.52
Contributor address; City; State; Zip Code Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper O.D., Ellener	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code Fort Worth, TX 76131		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/55 Rpt: 23/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart O.D., Peggy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77079	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawari O.D., Andy <hr/> Contributor address; City; State; Zip Code Mineola, TX 75773	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins O.D., Heidi <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayter O.D., Paul <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heeg O.D., Paul <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	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: 21/55 Rpt: 24/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hejny O.D., Whitney <hr/> 6 Contributor address; City; State; Zip Code Miles, TX 76861	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry O.D., Amy <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert-Green O.D., Carolyn <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang O.D., Bao <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang O.D., Kathy <hr/> Contributor address; City; State; Zip Code 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: 22/55 Rpt: 25/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holle O.D., Laura <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76904	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopping O.D., Ron <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchins O.D., Jaclyn <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh O.D., Hieu <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$110.52
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob O.D., Erin <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78664	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: 23/55 Rpt: 26/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johle O.D., Sarah	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Hutto, TX 78634		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson O.D., Murray	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code Dallas, TX 75287		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones O.D., Jeffrey	Amount of Contribution (\$) \$110.52
Contributor address; City; State; Zip Code Holly Lake Ranch, TX 75765		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan O.D., Emily	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karanges O.D., Gayle	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Arlington, TX 76005		
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: 24/55 Rpt: 27/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly O.D., Shawn	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Plano, TX 75023		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp O.D., Robert	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77015-2310		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight O.D., Millicent	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuder O.D., Bryan	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code Carrollton, TX 75007		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtin O.D., Steven	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Dallas, TX 75252		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/55 Rpt: 28/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagunas O.D., Claudio	7 Amount of Contribution (\$) \$400.00
6 Contributor address; City; State; Zip Code The Woodlands, TX 77382		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagunas O.D., Kiannah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lam O.D., Sean	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code Houston, TX 77075		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert O.D., Sawyer	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77008		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Anne	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77072		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/55 Rpt: 29/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Anne <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77072	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Hoan <hr/> Contributor address; City; State; Zip Code Spring, TX 76135	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le O.D., Kevin <hr/> Contributor address; City; State; Zip Code Houston, TX 77054	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lou O.D., Oliver <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas O.D., Thomas <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$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: 27/55 Rpt: 30/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luu O.D., Becky <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75075	7 Amount of Contribution (\$) \$29.52
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mai O.D., Kelly <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Makler O.D., Edward <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado O.D., Michael <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado O.D., Nicole <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	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: 28/55 Rpt: 31/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maredia O.D., Nazia	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78258		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez O.D., Michelle	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Ft. Worth, TX 76244		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters O.D., Trishna	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code Arlington, TX 76006		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty O.D., Dennis	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClain O.D., Christos	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code College Station, TX 77845		
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: 29/55 Rpt: 32/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormick O.D., Michael <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCown O.D., Joshua <hr/> Contributor address; City; State; Zip Code Gatesville, TX 76528	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel O.D., Stephen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan O.D., Joseph <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78748-1051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGullion O.D., John Mark <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$28.43
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/55 Rpt: 33/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 02/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPherson O.D., Kimberly	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Means O.D., Stephen	Amount of Contribution (\$) \$438.87
	Contributor address; City; State; Zip Code Huntsville, TX 77340	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mixon O.D., Brent	Amount of Contribution (\$) \$165.24
	Contributor address; City; State; Zip Code Angleton, TX 77515	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery O.D., Brandi	Amount of Contribution (\$) \$110.52
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore O.D., Tory	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dumas, TX 79029	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/55 Rpt: 34/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 02/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mora O.D., David <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78043	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mozdbar O.D., Sima <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson O.D., Kevin <hr/> Contributor address; City; State; Zip Code Melissa, TX 75454	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murrell O.D., Jessica <hr/> Contributor address; City; State; Zip Code Spring, TX 77002	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman O.D., Clarke <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$428.79
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/55 Rpt: 35/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton O.D., Ronald <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78040	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Hai <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Jenifer <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Quan <hr/> Contributor address; City; State; Zip Code Houston, TX 77072	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Steve <hr/> Contributor address; City; State; Zip Code Dallas, TX 75224	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/55 Rpt: 36/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Thai-An <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Tu <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen O.D., Vicki <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75054	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols O.D., Brian <hr/> Contributor address; City; State; Zip Code Mt Pleasant, TX 75455	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien O.D., Erica <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	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: 34/55 Rpt: 37/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orozco O.D., Michael <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78240	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ousley O.D., Bruce <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park O.D., Jon <hr/> Contributor address; City; State; Zip Code Irving, TX 75063	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pass O.D., Hulon <hr/> Contributor address; City; State; Zip Code Fort Stockton, TX 79735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pass O.D., Joshua <hr/> Contributor address; City; State; Zip Code Fort Stockton, TX 79735	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: 35/55 Rpt: 38/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Ajay	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Frisco, TX 75035		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Hiten	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Kumar	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Flower Mound, TX 75028		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Nimisha	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code Houston, TX 77027		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel O.D., Samir	Amount of Contribution (\$) \$219.97
Contributor address; City; State; Zip Code Beaumont, TX 77706		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/55 Rpt: 39/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick O.D., Carey <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75002	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattni O.D., Samir <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena O.D., Benny <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pepin O.D., Allison <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$54.98
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez O.D., Elizabeth <hr/> Contributor address; City; State; Zip Code Beeville, TX 78102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/55 Rpt: 40/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson O.D., Christopher <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75006	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham O.D., Janna <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$54.98
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip O.D., Blessy <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$22.19
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips O.D., Jeff <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce O.D., Jordan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76177	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/55 Rpt: 41/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillai O.D., Anitj <hr/> 6 Contributor address; City; State; Zip Code Booth, TX 77469	7 Amount of Contribution (\$) \$219.97
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poole O.D., Mohan <hr/> Contributor address; City; State; Zip Code Marble Falls, TX 78654	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prapta O.D., Shawn <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prati O.D., Martin <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proske O.D., Paul <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	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: 39/55 Rpt: 42/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rains O.D., Taylor	7 Amount of Contribution (\$) \$11.56
6 Contributor address; City; State; Zip Code Cedar Park, TX 78613		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rakich O.D., Dawn	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Antonio, TX 78215		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raley O.D., Audrey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez O.D., Antonio	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez-Shank O.D., Diane	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Antonio, TX 78232		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/55 Rpt: 43/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratcliff O.D., Reagan <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reneau O.D., Aaron <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds O.D., Samantha <hr/> Contributor address; City; State; Zip Code Haslet, TX 76052	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley O.D., Kelly <hr/> Contributor address; City; State; Zip Code Brownfield, TX 79316	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson O.D., Reid <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/55 Rpt: 44/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson O.D., Reid <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson O.D., Beth <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$165.24
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson O.D., Nathaniel <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez O.D., Jaime <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78596	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rojas O.D., Luis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	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: 42/55 Rpt: 45/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemore O.D., Corey Zac <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$20.20
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemore O.D., Ryan <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salchak O.D., Robert <hr/> Contributor address; City; State; Zip Code Sugarland, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandberg O.D., Kyle <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sappington O.D., Amanda <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	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: 43/55 Rpt: 46/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 02/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawhney O.D., Dimple	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78723		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scasta O.D., Tracey	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code College Station, TX 77845		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmiedecke O.D., Stephanie	Amount of Contribution (\$) \$24.05
Contributor address; City; State; Zip Code San Antonio, TX 78248		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segu O.D., Pat	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shandley O.D., Brian	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/55 Rpt: 47/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon O.D., Bridget <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shauger O.D., Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78726	Amount of Contribution (\$) \$110.52
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shidlofsky O.D., Charles <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sianghio O.D., Leyden <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith O.D., Cameron <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/55 Rpt: 48/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith O.D., Cameron <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorenson O.D., Laurie <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$219.97
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosa O.D., Virginia <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto O.D., Nichole <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivala O.D., Barbara <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$20.00
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: 46/55 Rpt: 49/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland O.D., Clipper <hr/> 6 Contributor address; City; State; Zip Code Big Spring, TX 79720	7 Amount of Contribution (\$) \$20.20
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong O.D., Jane <hr/> Contributor address; City; State; Zip Code Cypress, TX 77419	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturm O.D., Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan O.D., Mitchell <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tang O.D., Linh <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	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: 47/55 Rpt: 50/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor O.D., Alicia	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78254		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor O.D., Erin	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Amarillo, TX 79110		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrell O.D., Jenny	Amount of Contribution (\$) \$54.98
Contributor address; City; State; Zip Code North Richland Hills, TX 76182		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terwilliger O.D., Josey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Houston, TX 77004		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thames O.D., Lacey	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Hutto, TX 78634		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/55 Rpt: 51/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas O.D., Jack	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Amarillo, TX 79109		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas O.D., Jeff	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Melissa, TX 75454		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson O.D., Melanie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton O.D., Kristofer	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Longview, TX 75605		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tovias O.D., Mayra	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Santa Fe, TX 77510		
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: 49/55 Rpt: 52/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Anthony	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Dallas, TX 75206		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Jessica	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Lori	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Plano, TX 75023		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran O.D., Toan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Carrollton, TX 75010		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trichel O.D., Jessica	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code Texarkana, TX 75503		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/55 Rpt: 53/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 02/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trinh O.D., Kim <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78728	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tupa O.D., Faye <hr/> Contributor address; City; State; Zip Code Ganado, TX 77962	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner O.D., Kimberly <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twa O.D., Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tybor O.D., David <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/55 Rpt: 54/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 02/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tybor O.D., John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$20.20
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upchurch O.D., Alan <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urizar O.D., Jocelyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdes O.D., Matt <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez O.D., Antonio <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566-3644	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: 52/55 Rpt: 55/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 02/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn O.D., Jamel <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79416	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vorster O.D., Edward <hr/> Contributor address; City; State; Zip Code Silsbee, TX 77656	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner O.D., Troy <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters O.D., Mary Kate <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wampler O.D., Kimberly <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$81.04
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/55 Rpt: 56/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warstler O.D., Ashley <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West O.D., Jacob <hr/> Contributor address; City; State; Zip Code Flint, TX 75762	Amount of Contribution (\$) \$110.52
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wild O.D., Tristan <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilken O.D., Bret <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams O.D., Bryan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	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: 54/55 Rpt: 57/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson O.D., Kent <hr/> 6 Contributor address; City; State; Zip Code Terrell, TX 75160	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong O.D., Veronica <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright O.D., David <hr/> Contributor address; City; State; Zip Code Seminole, TX 79360	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 03/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright O.D., Lance <hr/> Contributor address; City; State; Zip Code Seminole, TX 79360	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yee O.D., Jamie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75033	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/55 Rpt: 58/64
2 FILER NAME Texas Optometric PAC		3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeh O.D., Shihwei	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Frisco, TX 75035	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zavala O.D., Noah	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Texas City, TX 77590	
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 59/64	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
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4 Date 03/12/2026	5 Payee name Armin Mizani Campaign
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1100 Bear Creek Parkway Keller, TX 76248
---	--

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/12/2026	Payee name Cheryl Bean Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 405 Forest River Circle Fort Worth, TX 76112
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/12/2026	Payee name Chris Spencer Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5956 Sherry Ln Dallas, TX 75225
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 60/64	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
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4 Date 03/12/2026	5 Payee name Dennis Geesaman Campaign
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 913 Smithville, TX 78957
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/12/2026	Payee name Jay Hardaway Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 913 Abilene, TX 79604
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/12/2026	Payee name Junior Ezeonu Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 541326 Grand Praire, TX 75054
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 61/64	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
4 Date 03/12/2026	5 Payee name Kristen Plaisance Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 22355 Log Orchard Lane Porter, TX 77365	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2026	Payee name Mayes Middleton Campaign	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 300 Wallisville, TX 77597	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2026	Payee name Scott Bowen Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 890061 Houston, TX 77289	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 62/64	2 FILER NAME Texas Optometric PAC	3 Filer ID (Ethics Commission Filers) 00015622
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4 Date 03/12/2026	5 Payee name Staci Childs Campaign
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1701 N. Congress Ave Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/12/2026	Payee name Stan Stanart Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11811 Bourgeois Forest Dr Houston, TX 77066
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 03/23/2026	5 Payee name Carriage House Partners	
6 Amount (\$) 6,250.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5502 Hidden Trails Arlington, TX 76017	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Lobbyist
Date 03/12/2026	Payee name Clem, Mike	
Amount (\$) 1,192.91 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 10155 Shadyview Dallas, TX 75238	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 03/04/2026	Payee name DonorPerfect	
Amount (\$) 904.23 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 830578 Philadelphia, PA 19182	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 03/25/2026	Payee name Paypal	
Amount (\$) 319.98 <input checked="" type="checkbox"/> 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

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 03/23/2026	5 Payee name QuickBooks Payments	
6 Amount (\$) 485.37 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2632 Marine Way Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees
Date 03/23/2026	Payee name TOA Facility	
Amount (\$) 1,315.81 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3011 N Lamar ste 300 Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Accounting Services & Bank Fees