FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016861 3 COMMITTEE NAME **OFFICE USE ONLY** EYE PAC of the Texas Ophthalmological Association Date Received **ELECTRONICALLY FILED** 01/02/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 W. 15th St., Ste. 825 Ste. 825 Change of Address Austin, TX 78701-1667 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Dr. Mark NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Mazow CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7777 Forest Lane, Suite C-710 STREET **ADDRESS** (Residence or Business) Dallas, TX 75230 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 401 West 15th Street, Suite 825 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (972) 566-2020 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2023 12/25/2023

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME	O - - - - - - - - - - - -		13 Filer		(Ethics Commission Filers)
EYE PAC of the Texas	Ophthalmological Asso	ciation	0001	L6861	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Magauras	A. Supported			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Morgan Meyer State	Represent	ative	
E CONTRIBUTION:	1	DOLITICAL CONTRIBUTIONS (OTUES TIME	NI I		
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAT OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	N	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS OGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	10,745.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	26,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				33,162.00
OUTSTANDING LOAN TOTALS	1	MOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE	\$	0.00
6 AFFIDAVIT	I				
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.			
		Dr.	Mark Mazo	w	
		Signature o	of Campaign	Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, this the _		day
		which, witness my hand and seal of office.	_		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title	of office	er administering oath

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas Op	hthalmological Asso	ciation		00016861	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Nathan Johnson State Ser	nator	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Angela Paxton State Sena	tor	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Dade Phelan State Repres	sentative	

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas Op	hthalmological Asso	ciation		00016861	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Steve Allison State Repres	sentative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Will Metcalf State Represe	entative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Dustin Burrows State Rep.	resentative	

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			13 Filer ID	(Ethics Commission Filers)
hthalmological Asso	ciation		00016861	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))	Rep. Reggie Smith State Repres	sentative	
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			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Suleman Lalani State Rep	resentative	
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. Opposea			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Drew Darby State Represe	entative	
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Cldentify by name or, if applicable, classify by party.	A. Supported	nthalmological Association 1. Candidates (destribly by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) 1. Candidates (destribly by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders (destribly by name or, if applicable, classify by party.) 3. Officeholders (Describe by date and location of election and nature of issue.) 3. Officeholders (Describe by date and location of election and nature of issue.) 4. Supported (Describe by date and location of election and nature of issue.) 5. Opposed (Describe by date and location of election and nature of issue.) 6. Opposed (Describe by date and location of election and nature of issue.) 8. Opposed (Describe by date and location of election and nature of issue.) 8. Opposed (Describe by date and location of election and nature of issue.) 8. Opposed (Describe by date and location of election and nature of issue.) 8. Opposed (Describe by date and location of election and nature of issue.) 8. Opposed (Describe by date and location of election and nature of issue.) 8. Opposed (Describe by date and location of election and nature of issue.) 8. Opposed (Describe by date and location of election and nature of issue.) 8. Opposed (Describe by date and location of election and nature of issue.)

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			13 Filer ID	(Ethics Commission Filers)
hthalmological Asso	ciation		00016861	
Candidates (Identify by name or, if applicable, classify by party.)				
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.))	Rep. Jay Dean State Represent	tative	
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			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Trent Ashby State Represe	entative	
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			
Officeholders Assisted (Identify by name or, if		Rep. Travis Clardy State Repres	sentative	
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Cleentify by name or, if applicable, classify by party.	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 4. Supported B. Opposed A. Supported A. Supported Cleentify by name or, if applicable, classify by party.) B. Opposed A. Supported Cleentify by name or, if applicable, classify by party.) B. Opposed A. Supported A. Supported Cleentify by name or, if applicable, classify by party.) B. Opposed A. Supported A. Supported Cleentify by name or, if applicable, classify by party.) B. Opposed A. Supported A. Supported Cleentify by name or, if applicable, classify by party.) B. Opposed A. Supported A. Supported Cleentify by name or, if applicable, classify by party.) B. Opposed A. Supported Cleentify by name or, if applicable, classify by party.) B. Opposed A. Supported Cleentify by name or, if applicable, classify by name or, if applicable, classify by name or, if applicable, classify by party.) B. Opposed A. Supported Cleentify by name or, if applicable, classify by name or,	Inthalmological Association 1. Candidates (deemity by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (deemity by name or, if applicable, classify by party.) 1. Candidates (deemity by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (deemity by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (deemity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (deemity prame or, if applicable, classify by party.) B. Opposed 3. Opposed 4. Supported (deemity by name or, if applicable, classify by party.) B. Opposed 5. Opposed 6. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed

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			13 Filer ID	(Ethics Commission Filers)
ohthalmological Asso	ciation		00016861	
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			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Ernest Bailes State Repres	sentative	
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			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Ellen Troxclair State Repre	esentative	
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. Opposea			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Terry Wilson State Repres	entative	
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12 COMMITTEE NAME			:	13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas Op	phthalmological Assoc	ciation		00016861	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Greg Bonnen State Represe	entative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Ben Bumgarner State Repre	esentative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Jacey Jetton State Represe	ntative	

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas Op	hthalmological Assoc	ciation		00016861	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Hugh Shine State Represe	entative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Lynn Stucky State Represe	entative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Stan Lambert State Repres	sentative	

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			13 Filer ID	(Ethics Commission Filers)
ohthalmological Asso	ciation		00016861	
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			
Officeholders Assisted (Identify by name or, if applicable, classify by party.))	Rep. Charlie Geren State Repre	sentative	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Liz Campos State Represe	entative	
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. Opposea			
Officeholders Assisted (Identify by name or, if)		Rep. Mano DeAyala State Repro	esentative	
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Candidates (Identify by name or, if applicable, classify by party.)	1. Candidates (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Rep. Charlie Geren State Representation of election and nature of issue.) B. Opposed A. Supported A. Supported A. Supported B. Opposed A. Supported Charlie Geren State Representation of election and nature of issue.) B. Opposed A. Supported A. Supported A. Supported B. Opposed A. Supported Charlie Geren State Representation of election and nature of issue.) B. Opposed A. Supported A. Supported B. Opposed A. Supported Charlie Geren State Representation of election and nature of issue.) B. Opposed A. Supported Charlie Geren State Representation of election and nature of issue.) B. Opposed A. Supported Charlie Geren State Representation of election and nature of issue.) B. Opposed A. Supported Charlie Geren State Representation of election and nature of issue.) B. Opposed A. Supported Charlie Geren State Representation of election and nature of issue.) B. Opposed A. Supported Charlie Geren State Representation of election and nature of issue.) B. Opposed A. Supported Charlie Geren State Representation of election and nature of issue.) B. Opposed Charlie Geren State Representation of election and nature of issue.) Charlie Geren State Representation of election and nature of issue.	Inchalmological Association 1. Candidates (disentify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (didentify by name or, if applicable, classify by party.) 1. Candidates (disentify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (disentify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (disentify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (disentify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (disentify by name or, if applicable, classify by party.) B. Opposed 3. Opposed 4. Supported (disentify by name or, if applicable, classify by party.) B. Opposed 5. Opposed 6. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed 7. Measures (Describe by date and location of election and nature of issue.) B. Opposed

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas Op	hthalmological Asso	ciation			00016861	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. John Bucy	State Represer	ntative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Lacey Hull	State Represer	ntative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Paul Betten	court State Sei	nator	

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 12 of 34 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) EYE PAC of the Texas Ophthalmological Association 00016861 14 COMMITTEE 1. Candidates A. Supported **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Rep. Glenn Rogers State Representative Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

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17 COI	MMITTE	EE NAME	18 Filer ID	(Ethics Commission F	ilers)
l EYI	E PAC	of the Texas Ophthalmological Association	00016861	`	,
			0002002	1	
l		E SUBTOTALS		SUBTOTAL AMO	DUNT
NAI	VIE OF :	SCHEDULE			
1 1	Ū.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		1,	0.745.00
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10	0,745.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		 	
	ш			*	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	DR		
4.	Ш	ORGANIZATION		\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
		LABOR ORGANIZATION			
6		SCHEDULE C2: MONETARY SURPORT FROM CORRORATION OR LABOR ORG	ANIIZATIONI		
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		COLIEDURE CAN MONETARY CURRORT FROM CORRORATION OR LAROR			
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	 	
	Ш	CONEDUCE D. FEEDOLD CONTINUO HONO FROM CONTINUO ON EMBORY	31(3)(11)2)(11)31(]*	
9.	Ш	SCHEDULE E: LOANS		\$	
-					
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 26	6,000.00
	<u> </u>				-,
4.4		COLUED III E EQ. LINIDAID INQUIDDED OBLICATIONS			
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		_e	
10.	Ш	CONEDUCE 14. EXI ENDITONES WINDE DI CINEDITI CININD		\$	
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	42.36
15.	\Box	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	 \$	
	<u> </u>	10 FILER		Ť	
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 1/10 Rpt: 14/34		
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association	3	Filer ID (Ethics Commission 00016861	n Filers)	
4	Date 12/20/2023	 Full name of contributor out-of-state PAC (ID# Acosta, Sharron (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$300.00
8	Principal occur	Seguin, TX 78155 pation / Job title (See Instructions)	9 Employer (See Instructions	-, 		
0	Ophthalmolo		9 Employer (See Instructions	·)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID# Aragon, Antonio (Dr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$300.00
	Delinainal annu	Amarillo, TX 79106	To produce to the treet of			
	Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#Bauman, Wendall (Dr.) Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$300.00
		San Antonio, TX 78233-3147				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	s)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID# Bourgeois, Keith (Dr.) Contributor address; City; State; Zip Code Houston, TX 77002	:)		Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#Butler, Michelle (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75231	· :)		Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
			•			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 15/34	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association			3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 12/20/2023	 Full name of contributor out-of-state PA Corona, Jorge (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75248 pation / Job title (See Instructions)	la	Employer (See Instructions	·/		
Ü	Ophthalmolo		ľ	Employer (See instructions	')		
	Date 12/20/2023	Full name of contributor out-of-state PACOWAN, Gary (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76104			_		
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PACSaky, Karl (Dr.) Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$300.00
		Dallas, TX 75382-4189					
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	s)		
	Date 12/20/2023	Full name of contributor out-of-state PAD Davanian, Arash (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75231				Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist		Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PADell, Steven (Dr.) Contributor address; City; State; Zip Code Austin, TX 78746)		Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist		Employer (See Instructions	5)		
			L_				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 16/34	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 12/20/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$300.00
0	Dringing aggr	Irving, TX 75063	• Employer (See Instructions	·/		
8	Ophthalmolo		9 Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#:_Flowers, Brian (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Dringing aggr	Fort Worth, TX 76102	Employer (See Instructions	·/_		
	Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	·)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Gallardo, Mark (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
		El Paso, TX 79922				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#:_Goode, Stephen (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-7683)		Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#:_Grady, Jonathan (Dr.) Contributor address; City; State; Zip Code Lake Jackson, TX 77566)		Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 17/34	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 12/20/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$300.00
8	Principal occu	Longview, TX 75605-5227 pation / Job title (See Instructions)	Employer (See Instructions)		
	Ophthalmolo			,		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Gulbas, Paul (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occur	El Paso, TX 79902-4000 pation / Job title (See Instructions)	Employer (See Instructions			
	Ophthalmolo		Employer (See instructions	,		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Haley, Carl (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75214				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Haley, John Marshall (Dr.) Contributor address; City; State; Zip Code Garland, TX 75042-7907			Amount of Contribution (\$)	\$50.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Hunsaker, Jerry (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1821			Amount of Contribution (\$)	\$200.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions)		
		L.				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 18/34	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 12/20/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$300.00
8	Principal occur	Dallas, TX 75232 pation / Job title (See Instructions)	9 Employer (See Instructions	;) 		
	Ophthalmolo			,		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Johnson, Charles (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
	Dringing Lagor	Sugar Land, TX 77479	Francis var (Caa laatuvatia ra	<u></u>		
	Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	»)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Jones, John (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
		Lubbock, TX 79416				
	Principal occup	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Kavanagh, Joseph (Dr.) Contributor address; City; State; Zip Code Seguin, TX 78155)		Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Kemp, Richard (Dr.) Contributor address; City; State; Zip Code Waxahachie, TX 75165			Amount of Contribution (\$)	\$40.00
	Principal occup Ophthalmolo	oation / Job title (See Instructions) gist	Employer (See Instructions	5)		
			1			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 19/34	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 12/20/2023	 5 Full name of contributor out-of-state PAC (ID#: Kooner, Karanjit (Dr.) 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$300.00
8	Principal occur	Dallas, TX 75390-9057 pation / Job title (See Instructions)	9 Employer (See Instructions	:) 		
Ü	Ophthalmolo		2 Employer (See Instructions	"		
	Date 12/20/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
	Principal occu	Austin, TX 78746 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Ophthalmolo	gist				
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Kumar, Sanjiv (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Uvalde, TX 78801				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Lehmann, Robert (Dr.) Contributor address; City; State; Zip Code Nacogdoches, TX 75965			Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Marvelli, Thomas (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76133			Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	s)		
			1			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 20/34	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 12/20/2023	 Full name of contributor out-of-state PAC (ID#: Mein, Calvin (Dr.) Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$300.00
8	Dringing aggr	San Antonio, TX 78240	Employer (See Instructions			
0	Ophthalmolo	pation / Job title (See Instructions) gist	9 Employer (See Instructions	')		
	Date 12/20/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
	Principal occu	Spring, TX 77389 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Ophthalmolo	gist				
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Miller, John (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
		Houston, TX 77002	1			
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Milner, Michael (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75246			Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	()		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Moore, Jacob (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78404			Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	()		
			1			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instruc	tion Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 21/34	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association	ı		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 12/20/2023	Neelakantan, Arvind (Dr.)	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$300.00
8	Principal occur	Dallas, TX 75231 pation / Job title (See Instructions)	l q	Employer (See Instructions) 		
Ü	Ophthalmolo			Employer (See instructions	')		
	Date 12/20/2023	Patel, Sanjay (Dr.) Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$50.00
	Principal occur	McKinney, TX 75069 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Ophthalmolo	,		Zimpioyor (God mondono	,		
	Date 12/20/2023	Full name of contributor out-of-star Pierce, Karl (Dr.) Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$300.00
		Austin, TX 78756-2611					
	Principal occup	pation / Job title (See Instructions) gist		Employer (See Instructions	5)		
	Date 12/20/2023	Pinkenburg, Ronald (Dr.))		Amount of Contribution (\$)	\$300.00
	Principal occup	oation / Job title (See Instructions) gist		Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-star Richert, Harvey Miller (Dr.) Contributor address; City; State; Zip Cod Abilene, TX 79601-3044	ate PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occup Ophthalmolo	oation / Job title (See Instructions) gist		Employer (See Instructions	·)		
			•				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 22/34	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 12/20/2023	 Full name of contributor out-of-state PAC (IE Rush, Ryan (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$300.00
8	Principal occu	Amarillo, TX 79106 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Ophthalmolo			-,		
	Date 12/20/2023	Contributor address; City; State; Zip Code)#: <u> </u>		Amount of Contribution (\$)	\$300.00
	Principal occu	Plano, TX 75075 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Ophthalmolo			,		
	Date 12/20/2023	Full name of contributor out-of-state PAC (IE Sun, Regina (Dr.) Contributor address; City; State; Zip Code) 		Amount of Contribution (\$)	\$50.00
		Houston, TX 77098				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (IE Trevino, Mark (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209) 	•	Amount of Contribution (\$)	\$25.00
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (IE Walton, William (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78216	D#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
			'			

	MONETA	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 23/34	
2	FILER NAME EYE PAC of t	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	12/20/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_		Houston, TX 77005				
8	Ophthalmolog		9 Employer (See Instructions	5)		
	Date 12/20/2023	Full name of contributor)	•	Amount of Contribution (\$)	\$200.00
		Dallas, TX 75204-2356				
	Principal occup Ophthalmolog	pation / Job title (See Instructions) gist	Employer (See Instructions	S)		
	Date 12/20/2023	Full name of contributor)	•	Amount of Contribution (\$)	\$300.00
		Amarillo, TX 79106 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Ophthalmolog	gist				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Stout Said : uymont	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 24/34	EYE PAC of the Texas Ophthalmological Association 00016861
4 Date	5 Payee name
12/20/2023	Allison, Steven (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	200 Morningside Dr.
- Formani de la Ca	
Expenditure from corporate funds	San Antonio, TX 78209
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	campaign contribution
O Commission Chilly III	On didn't 10 ff a balden name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
12/14/2023	Ashby, Trent (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 412
Forman (Co. 1)	
Expenditure from corporate funds	Lufkin, TX 75902
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	campaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/20/2023	Bailes IV, Ernest (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1000 Balles Dairy Rd
Expenditure from	
corporate funds	Shepherd, TX 77371
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	campaign contribution
Commission ONUNCY !	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
21.12.11.21.12.12.12.12.12.12.12.12.12.1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 2/10 Rpt: 25/34	EYE PAC of the Texas Ophthalmological Association 00016861
4 Date	5 Payee name
12/15/2023	Bettencourt, Paul (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	11451 Katy Freeway, Suite 209
Expenditure from	
corporate funds	Houston, TX 77079
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	ouripaigh continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/13/2023	Bonnen, Greg (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1183
·	
Expenditure from corporate funds	Friendswood, TX 77549
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	o
Date	Payee name
12/14/2023	Bucy III, John (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	6633 Hwy 290 East, Ste. 104
- Funanditura from	
Expenditure from corporate funds	Austin, TX 78723
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	campaigh continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	• • • • • • • • • • • • • • • • • • •

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Tatal marras Cabadula E1.	
1 Total pages Schedule F1: Sch: 3/10 Rpt: 26/34	2 FILER NAME3 Filer ID(Ethics Commission Filers)EYE PAC of the Texas Ophthalmological Association00016861
4 Date	5 Payee name
12/14/2023	Bumgarner, Ben (Rep.)
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5150 Kensington Ct.
Expenditure from corporate funds	Flower Mound, TX 75022
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	campaign contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2023	Burrows, Dustin (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2569
Ψ1,000.00	1 O BOX 2303
Expenditure from corporate funds	Lubbock, TX 79408
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/14/2023	Campos, Elizabeth (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1028 Rigsby
Expenditure from corporate funds	San Antonio, TX 78210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-i

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Credit Card F dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/10 Rpt: 27/34	EYE PAC of the Texas Ophthalmological Association 00016861
4 Date	5 Payee name
12/14/2023	Clardy, Travis (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	209 E. Main St.
Expenditure from	Nacogdoches, TX 75961
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	campaign contribution
	Source Broad and State Broad a
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/14/2023	Darby, Drew (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1201 S Abe
Expenditure from corporate funds	San Angelo, TX 76902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/14/2023	De Ayala , Mano (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	12335 Kingsride Lane #416
Expenditure from	
corporate funds	Houston, TX 77024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Candidate/Officeholder/Political Committee
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/10 Rpt: 28/34	EYE PAC of the Texas Ophthalmological Association 00016861
4 Date	5 Payee name
12/13/2023	Dean , Jay (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	3822 Holly Ridge
Expenditure from corporate funds	Longview, TX 75605
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
12/14/2023	Geren, Charles (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1440
Expenditure from	
corporate funds	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies were
12/14/2023	Payee name Hull, Lacey (Rep.)
Amount (\$)	Payee address; City; State; Zip Code PO Box 19231
\$1,000.00	PO POX 19521
Expenditure from	He stee TV 77704
corporate funds	Houston, TX 77724
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
İ	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By-Candidate/Officeholder/Political Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	
1 Total pages Schedule F1: Sch: 6/10 Rpt: 29/34	2 FILER NAME EYE PAC of the Texas Ophthalmological Association 3 Filer ID (Ethics Commission Filers) 00016861
4 Date	5 Payee name
12/13/2023	Jetton, Jacey (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1723 Hearthside Ct.
Expenditure from corporate funds	Richmond, TX 77406
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	campaign contribution
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/20/2023	Johnson, Nathan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,500.00	5905 Norway Rd
Expenditure from	
corporate funds	Dallas, TX 75230
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	campaign contribution
	our paign continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2023	Lalani M.D., Suleman (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 6514
Expenditure from corporate funds	Houston, TX 77265
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/10 Rpt: 30/34	EYE PAC of the Texas Ophthalmological Association 00016861
4 Date	5 Payee name
12/14/2023	Lambert, Stan (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 3752
Expenditure from corporate funds	Abilene, TX 79604
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
12/13/2023	Metcalf, Will (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 454
Expenditure from	
corporate funds	Conroe, TX 77305
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies name
12/20/2023	Payee name Meyer, Morgan (Rep.)
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code
\$1,000.00	3232 McKinney Ave, Ste. 660
Expenditure from	
corporate funds	Dallas, TX 75204
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	,
1 Total pages Schedule F1: Sch: 8/10 Rpt: 31/34	2 FILER NAME EYE PAC of the Texas Ophthalmological Association 3 Filer ID (Ethics Commission Filers) 00016861
4 Date	5 Payee name
12/20/2023	Paxton, Angela (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	5613 S. Woodcreek Cir
Expenditure from	
corporate funds	McKinney, TX 75071
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	ouripaigh continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/20/2023	Phelan, Dade (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	2825 Nall St. #19B
+-,	
Expenditure from corporate funds	Port Neches, TX 77651
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/14/2023	Rogers, Glenn (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1832 Grassy Ridge Rd
Expenditure from	
corporate funds	Graford, TX 76449
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/10 Rpt: 32/34	EYE PAC of the Texas Ophthalmological Association 00016861
4 Date	5 Payee name
12/14/2023	Shine, Hugh (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P. O. Box 793
Expenditure from corporate funds	Temple, TX 76503
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	campaigh contribution
O Complete Chilly if all	Condidate/Officeholder name Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/14/2023	Smith, Reginald (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	111A North Travis , Ste. 5
Expenditure from corporate funds	Sherman, TX 75090
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/14/2023	Stucky, Lynn (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	5885 Canyon Rd
4000.00	
Expenditure from	Sangar TV 76266
corporate funds	Sanger, TX 76266
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	candidate/Officeriolder/Political Committee campaign contribution
	ouripaigh continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 10/10 Rpt: 33/34	2 FILER NAME September 2 FILER NAME September 3 Filer ID (Ethics Commission Filers) September 3 Filer ID (Ethics Commission Filers) O0016861
4 Date 12/13/2023	5 Payee name Troxclair, Ellen (Rep.)
6 Amount (\$) \$1,000.00 Expenditure from	7 Payee address; City; State; Zip Code 701 Hwy 281 Ste. E #196
corporate funds	Marble Falls, TX 78654
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 12/14/2023	Payee name Wilson, Terry (Rep.)
Amount (\$) \$500.00	Payee address; City; State; Zip Code 710 Main St., Suite 242
Expenditure from corporate funds	Georgetown, TX 78626
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE |

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME EYE PAC of the Texas Ophthalmological Association 3 Filer ID (Ethics Commission Filers) 00016861	
4 Date 12/20/2023	5 Payee name Affinipay.com	
6 Amount (\$) 32.62 Expenditure from corporate funds	7 Payee Address; City; State; Zip 30-30 47th Ave 9th Floor Long Island City, NY 11101	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) merchant fees	
Date 12/19/2023	Payee name American Express Establishment Services	
Amount (\$) 9.74 Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 53852 Phoenix, AZ 85072-3852	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) merchant fees	
	•	