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** 02/03/2024 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 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** 12/26/2023 01/25/2024

GO TO PAGE 2

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| L2 COMMITTEE NAME | | | | 13 Filer | ID | (Ethics Commission Filers) |
|---|--|------------------------------|--|--------------|-----------|----------------------------|
| | as Ophthalmological Asso | ociation | | 1 | .6861 | (|
| 4 COMMITTEE | 1. Candidates | A. Supported | | | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | 7. Саррина | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | <u> </u> | O control | | | | |
| | 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.) | | | | | |
| E CONTRIBUTION | 1 | D DOLLTICAL CON | TDIDUTIONS (OTUED TU | ANI | | |
| L5 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS N Check here if this report | OR GUARANTEES MADE ELECTRONI | CALLY) | AN | \$ | 0.00 |
| | 2. TOTAL POLITICA | AL CONTRIBUTION | ONS | | \$ | 7 020 00 |
| | (OTHER THAN PLE | DGES, LOANS, OF | R GUARANTEES OF LOAN | NS) | • | 7,920.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | D POLITICAL EXPI | ENDITURES | | \$ | 0.00 |
| | 4. TOTAL POLITICA | AL EXPENDITUR | ES | | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | | MAINTAINED AS OF THE | LAST DAY | \$ | 45,436.82 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL LAST DAY OF THE | | OUTSTANDING LOANS AS | S OF THE | \$ | 0.00 |
| 6 AFFIDAVIT | | | | | | |
| | | true | ear, or affirm, under penalty and correct and includes a er Title 15, Election Code. | | | |
| | | | Dı | r. Mark Mazo | W | |
| | | | Signature | of Campaign | Freasur | er |
| AFFIX NOTAI | RY STAMP / SEAL ABOVE | | | | | |
| Sworn to and subscrib | ed before me, by the said | | | . this the | | day |
| | , 20, to certify \ | | | , | | |
| | | | | | | |
| Signature of officer | administering oath | Printed name of of | fficer administering oath | Title | of office | er administering oath |
| 5 | 5 | | - 3 | | - | 3 |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | | 3 of 12 | | | |
|---------------|-------------------|--|------------------|-------------|----------|
| 17 CON | MMITTE E PAC | (Ethics Cor | mmission Filers) | | |
| 19 SCH NAM | HEDULE ME OF S | | SUBT | OTAL AMOUNT | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 7,920.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION | PR | \$ | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ | |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | |
| 9. | | SCHEDULE E: LOANS | | \$ | |
| 10. | | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ | |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 14. | Х | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | 39.19 |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | |
| | | | | | |
| | | | | | |
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| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDUL | E A1 |
|---|----------------------------------|---|--------------|----------------------------|----|--|-------------|
| | The Instruc | ction Guide explains how to compl | ete this for | m. | 1 | Total pages Schedule A1: Sch: 1/8 Rpt: 4/12 | |
| 2 | FILER NAME EYE PAC of | the Texas Ophthalmological Association | | | 3 | Filer ID (Ethics Commission 00016861 | n Filers) |
| 4 | Date 01/20/2024 | Alexander, Jamie (Dr.) | te PAC (ID#: | | 7 | Amount of Contribution (\$) | \$300.00 |
| 8 | Dringinal occu | Dallas, TX 75231 pation / Job title (See Instructions) | la la | Employer (See Instructions | _ | | |
| 0 | Ophthalmolo | | 9 | Employer (See instructions | ') | | |
| | Date 01/20/2024 | Burkes, William (Dr.) | |) | | Amount of Contribution (\$) | \$300.00 |
| | Principal occu | San Angelo, TX 76904 pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Ophthalmolo | | | Employer (See instructions | ') | | |
| | Date 01/20/2024 | Full name of contributor out-of-star Corona, Jorge (Dr.) Contributor address; City; State; Zip Code | te PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | | Dallas, TX 75248 | | | | | |
| | Principal occu Ophthalmolo | pation / Job title (See Instructions) gist | | Employer (See Instructions |) | | |
| | Date 01/20/2024 | Cowan, Gary (Dr.) | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Ophthalmolo | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 01/20/2024 | Full name of contributor out-of-star Decker, William (Dr.) Contributor address; City; State; Zip Code Houston, TX 77074 | te PAC (ID#: | | | Amount of Contribution (\$) | \$300.00 |
| | Principal occu Ophthalmolo | pation / Job title (See Instructions) gist | | Employer (See Instructions | () | | |
| | | | L | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | IONS | | SCHEDUL | E A1 |
|---|-------------------------------|--|------------------------------|----------------|--|-------------|
| | The Instruc | ction Guide explains how to complete this | s form. | 1 | Total pages Schedule A1: Sch: 2/8 Rpt: 5/12 | |
| 2 | FILER NAME EYE PAC of | the Texas Ophthalmological Association | | 3 | Filer ID (Ethics Commission 00016861 | n Filers) |
| 4 | Date 01/20/2024 | Full name of contributor out-of-state PAC (ID Dobler-Dixon, Amber (Dr.) Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$300.00 |
| 8 | Principal occu | Amarillo, TX 79106-1835 pation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> s) | | |
| | Ophthalmolo | | | | | |
| | Date 01/20/2024 | Full name of contributor out-of-state PAC (IE Flowers, Brian (Dr.) Contributor address; City; State; Zip Code |) #:) | | Amount of Contribution (\$) | \$30.00 |
| | Delicalization | Fort Worth, TX 76102 | Fundamentale | <u> </u> | | |
| | Ophthalmolo | pation / Job title (See Instructions) gist | Employer (See Instructions | 5) | | |
| | Date 01/20/2024 | Full name of contributor out-of-state PAC (ID Gicheru, Sidney (Dr.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$450.00 |
| | | Irving, TX 75063 | | | | |
| | Principal occu Ophthalmolo | pation / Job title (See Instructions) gist | Employer (See Instructions | s) | | |
| | Date 01/20/2024 | Full name of contributor out-of-state PAC (ID Haley, Carl (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75214 |) | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Ophthalmolo | oation / Job title (See Instructions) gist | Employer (See Instructions | 5) | | |
| | Date 01/20/2024 | 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 | oation / Job title (See Instructions) gist | Employer (See Instructions | 5) | | |
| | | | , | | | |

| MON | IETARY POLITICAL CONTRIBUTION | NS | | SCHEDUL | E A1 |
|-----------------|--|------------------------------|---|--|-------------|
| The In | struction Guide explains how to complete this for | m. | 1 | Total pages Schedule A1: Sch: 3/8 Rpt: 6/12 | |
| 2 FILER N | IAME AC of the Texas Ophthalmological Association | | 3 | Filer ID (Ethics Commission 00016861 | n Filers) |
| 4 Date 01/20/2 | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$300.00 |
| | Dallas, TX 75203-1259 | | | | |
| | I occupation / Job title (See Instructions) Imologist | Employer (See Instructions |) | | |
| Date 01/20/2 | Full name of contributor out-of-state PAC (ID#: 2024 Hunsaker, Jerry (Dr.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$200.00 |
| Duinaina | Corpus Christi, TX 78411-1821 | Frankston (Cook both setimen | | | |
| | l occupation / Job title (See Instructions) Imologist | Employer (See Instructions |) | | |
| Date 01/20/2 | Full name of contributor out-of-state PAC (ID#: 2024 | | | Amount of Contribution (\$) | \$100.00 |
| | San Antonio, TX 78249 | | | | |
| | l occupation / Job title (See Instructions) Imologist | Employer (See Instructions |) | | |
| Date 01/20/2 | | | | Amount of Contribution (\$) | \$40.00 |
| • | l occupation / Job title (See Instructions) Imologist | Employer (See Instructions |) | | |
| Date 01/20/2 | ~ · · | | | Amount of Contribution (\$) | \$300.00 |
| • | I occupation / Job title (See Instructions) Imologist | Employer (See Instructions |) | | |
| | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | | |
|---|----------------------------------|---|-----------------------------------|----------------------------|----------------|--|------------|--|--|
| | The Instru | ction Guide explains how t | o complete this forr | n. | 1 | Total pages Schedule A1: Sch: 4/8 Rpt: 7/12 | | | |
| 2 | FILER NAME EYE PAC of | the Texas Ophthalmological As | sociation | | 3 | Filer ID (Ethics Commission 00016861 | on Filers) | | |
| 4 | Date 01/20/2024 | 5 Full name of contributor | out-of-state PAC (ID#:e; Zip Code |) | 7 | Amount of Contribution (\$) | \$40.00 | | |
| | | Uvalde, TX 78801 | | | | | | | |
| 8 | Principal occu Ophthalmolo | pation / Job title (See Instructions) gist | 9 | Employer (See Instructions | 5) | | | | |
| | Date 01/20/2024 | Full name of contributor Manrique de Lara, Carlos (I Contributor address; City; Stat | |) | | Amount of Contribution (\$) | \$300.00 | | |
| | Principal occu | San Antonio, TX 78256 pation / Job title (See Instructions) gist | | Employer (See Instructions | <u> </u> ;) | | | | |
| | Date 01/20/2024 | Full name of contributor Maverick, Kenneth (Dr.) Contributor address; City; Stat | out-of-state PAC (ID#:e; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 | | |
| | Principal occu | San Antonio, TX 78229 pation / Job title (See Instructions) gist | | Employer (See Instructions | <u> </u> 5) | | | | |
| | Date 01/20/2024 | Full name of contributor Mayans, Jose (Dr.) Contributor address; City; Stat Odessa, TX 79763-4305 | out-of-state PAC (ID#:e; Zip Code |) | | Amount of Contribution (\$) | \$300.00 | | |
| | Principal occu Ophthalmolo | pation / Job title (See Instructions) gist | | Employer (See Instructions | 5) | | | | |
| | Date 01/20/2024 | Full name of contributor Mazow, Mark (Dr.) Contributor address; City; Stat Dallas, TX 75230 | |) | | Amount of Contribution (\$) | \$300.00 | | |
| | Principal occu Ophthalmolo | pation / Job title (See Instructions) gist | | Employer (See Instructions | 5) | | | | |
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| | MONEI | ARY POLITICAL C | ONTRIBUTIO |)NS | | SCHEDUL | E A1 |
|---|-------------------------------|---|---|------------------------------|----------------|--|-------------|
| | The Instru | ction Guide explains how | to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/8 Rpt: 8/12 | |
| 2 | FILER NAME EYE PAC of | ILER NAME YE PAC of the Texas Ophthalmological Association | | | 3 | Filer ID (Ethics Commission 00016861 | n Filers) |
| 4 | Date 01/20/2024 | Full name of contributor Merritt, James (Dr.) Contributor address; City; St | out-of-state PAC (ID#:_ tate; Zip Code | | 7 | Amount of Contribution (\$) | \$300.00 |
| | Dringing Loon | Dallas, TX 75231 | | Continue (Continue tines | <u></u> | | |
| 8 | Ophthalmolo | pation / Job title (See Instructions |) | 9 Employer (See Instructions | 5) | | |
| | Date 01/20/2024 | Full name of contributor Nettune, Gregory (Dr.) Contributor address; City; St | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$300.00 |
| | | Dallas, TX 75231 upation / Job title (See Instructions | ;) | Employer (See Instructions | <u> </u> S) | | |
| | Ophthalmolo | - | | | _ | | |
| | Date 01/20/2024 | Full name of contributor Patel, Sanjay (Dr.) Contributor address; City; St | out-of-state PAC (ID#:_ tate; Zip Code | | | Amount of Contribution (\$) | \$50.00 |
| | | McKinney, TX 75069 | | | | | |
| | Principal occu Ophthalmolo | pation / Job title (See Instructions |) | Employer (See Instructions | 5) | | |
| | Date 01/20/2024 | Full name of contributor Richert, Harvey Miller (Dr. Contributor address; City; St Abilene, TX 79601-3044 | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Ophthalmolo | upation / Job title (See Instructions ogist |) | Employer (See Instructions | s) | | |
| | Date 01/20/2024 | Full name of contributor Sahadi, Jack (Dr.) Contributor address; City; St Corpus Christi, TX 78412 | | | • | Amount of Contribution (\$) | \$300.00 |
| | Principal occu Ophthalmolo | upation / Job title (See Instructions ogist |) | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDUL | E A1 |
|---|----------------------------------|---|--|------------------------------|-----------|--|-------------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 6/8 Rpt: 9/12 | |
| 2 | FILER NAME EYE PAC of | the Texas Ophthalmological A | Association | | 3 | Filer ID (Ethics Commission 00016861 | n Filers) |
| 4 | Date 01/20/2024 | 5 Full name of contributor Sands, Scott (Dr.)6 Contributor address; City; St | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | \$300.00 |
| | | Lubbock, TX 79424 | 1 | | | | |
| 8 | Principal occu Ophthalmolo | pation / Job title (See Instructions gist |) | 9 Employer (See Instructions | 5) | | |
| | Date 01/20/2024 | Full name of contributor Shafron, Lawrence (Dr.) Contributor address; City; St | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$300.00 |
| | Principal occu | Denton, TX 76205-7531 pation / Job title (See Instructions | <u> </u> | Employer (See Instructions | <u>s)</u> | | |
| | Ophthalmolo | | , | Employer (See mandenone | 3) | | |
| | Date 01/20/2024 | Full name of contributor Shulkin, Zev (Dr.) Contributor address; City; St | out-of-state PAC (ID#:_ ate; Zip Code |) | • | Amount of Contribution (\$) | \$300.00 |
| | | Dallas, TX 75230 | | | | | |
| | Principal occu Ophthalmolo | pation / Job title (See Instructions gist | | Employer (See Instructions | S) | | |
| | Date 01/20/2024 | Full name of contributor Smith, Stephen (Dr.) Contributor address; City; St Austin, TX 78731 | |) | | Amount of Contribution (\$) | \$300.00 |
| | Principal occu Ophthalmolo | pation / Job title (See Instructions gist |) | Employer (See Instructions | 5) | | |
| | Date 01/20/2024 | Full name of contributor Sun, Regina (Dr.) Contributor address; City; St Houston, TX 77098 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Ophthalmolo | pation / Job title (See Instructions gist |) | Employer (See Instructions | 5) | | |
| | | | | | | | |

| MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---------------------------------|---|------------------------------|---|---|-------------|
| The Instruc | ction Guide explains how to complete this f | form. | 1 | Total pages Schedule A1: Sch: 7/8 Rpt: 10/12 | |
| 2 FILER NAME EYE PAC of t | the Texas Ophthalmological Association | | 3 | Filer ID (Ethics Commission 00016861 | n Filers) |
| 4 Date 01/20/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$25.00 |
| | San Antonio, TX 78209 | 1 | | | |
| 8 Principal occup Ophthalmolog | pation / Job title (See Instructions) gist | 9 Employer (See Instructions | s) | | |
| Date 01/20/2024 | Full name of contributor out-of-state PAC (ID#:_ Triana, Maria Isabel (Dr.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | San Antonio, TX 78249-3993 | T | | | |
| Principal occup Ophthalmolog | pation / Job title (See Instructions) gist | Employer (See Instructions | s) | | |
| Date 01/20/2024 | Full name of contributor out-of-state PAC (ID#:_ Walton, William (Dr.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 |
| | San Antonio, TX 78216 | | | | |
| Principal occup Ophthalmolog | pation / Job title (See Instructions) gist | Employer (See Instructions | 5) | | |
| Date 01/20/2024 | Full name of contributor out-of-state PAC (ID#:_ Weikert, Mitchell (Dr.) Contributor address; City; State; Zip Code Houston, TX 77005 | | | Amount of Contribution (\$) | \$50.00 |
| Principal occup Ophthalmolog | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| Date 01/20/2024 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$200.00 |
| Principal occup Ophthalmolog | Dallas, TX 75204-2356 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | |
| | <u>-</u> | 1 | | | |

| | MONET | ARY POLITICAL CONTRIBI | UTIO | NS | | SCHEDUL | E A1 |
|---|-----------------------------------|--|----------|------------------------------|---|---|-------------|
| | The Instru | ction Guide explains how to complete | this fo | orm. | 1 | Total pages Schedule A1: Sch: 8/8 Rpt: 11/12 | |
| 2 | FILER NAME | the Texas Ophthalmological Association | | | 3 | Filer ID (Ethics Commission 00016861 | n Filers) |
| 4 | Date 01/20/2024 | 5 Full name of contributor out-of-state PA Womack, Gary (Dr.) 6 Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | | Georgetown, TX 78633 upation / Job title (See Instructions) | | 9 Employer (See Instructions | s) | | |
| | Ophthalmolo Date 01/20/2024 | Full name of contributor out-of-state PAZaffos, Joshua (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75231 | AC (ID#: | | | Amount of Contribution (\$) | \$300.00 |
| | Principal occu | upation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | | | | | | | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

| | The Instruction Guide explains how to complete this form. | | | | |
|----------------------------------|---|--|--|--|--|
| 1 Total pages Schedule I: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 1/1 Rpt: | EYE PAC of the Texas Ophthalmological Association 00016861 | | | | |
| 4 Date | 5 Payee name | | | | |
| 01/17/2024 | Affinipay.com | | | | |
| 6 Amount (\$) | 7 Payee Address; City; State; Zip | | | | |
| 35.91 | 30-30 47th Ave | | | | |
| Expenditure from | 9th Floor | | | | |
| corporate funds | Long Island City, NY 11101 | | | | |
| 8 PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) | | | | |
| EXPENDITURE | Accounting/Banking merchant fees | | | | |
| | | | | | |
| Date | Payee name | | | | |
| 01/17/2024 | American Express Establishment Services | | | | |
| Amount (\$) | Payee Address; City; State; Zip | | | | |
| 3.28 | PO Box 53852 | | | | |
| Expenditure from corporate funds | Phoenix, AZ 85072-3852 | | | | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) | | | | |
| OF EXPENDITURE | Accounting/Banking merchant fees | | | | |
| | | | | | |
| | | | | | |