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** 03/04/2024 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 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

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2 COMMITTEE NAME	One heather a line of the city.		13 Filer II	
EYE PAC of the Texas		ciation	00016	5861
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. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)	7 Capported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Sen. Paul Bettencourt State S	Senator	
E CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTUED THAN	Т	
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	3,520.00
	`	DGES, LOANS, OR GUARANTEES OF LOANS)		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEL	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	24,900.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	29,540.20
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	L			
		I swear, or affirm, under penalty of pr true and correct and includes all info under Title 15, Election Code.		
		Dr. Ma	rk Mazow	ı
		Signature of Ca	ampaign Tr	reasurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	,1	this the	day
		which, witness my hand and seal of office.		
Signature of officer add	ministering oath	Printed name of officer administering oath	Title o	of officer administering oath

COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
YE PAC of the Texas O	phthalmological Asso	ciation		00016861	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)				
(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.)		Rep. Jarvis Johnson State Sena	ator	
(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.)				
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.)		Sen. Nathan Johnson State Ser	nator	

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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. Gary Van Deaver State Re	epresentative	
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. Jill Dutton State Represen	tative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Daniel Alders State Represe	entative	
(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.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas Op	hthalmological Assoc	ciatio	on		00016861	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported			
(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed			
	2. Measures	Α. 5	Supported			
	(Describe by date and location of election and nature of issue.)					
		В. (Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Rep. Jay Dean State Represent	ative	
COMMITTEE	Candidates		Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Сарроноа			
(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. \$	Supported			
		В. (Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Rep. Trent Ashby State Represe	entative	
COMMITTEE	Candidates	⊨	Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)		- -			
(Attach lists on plain paper to complete this report if necessary.)		В. (Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. \$	Supported			
		В. (Opposed			
	Officeholders Assisted (Identify by name or, if			Rep. Travis Clardy State Repres	sentative	
	applicable, classify by party.)					

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			13 Filer ID	(Ethics Commission Filers)
nthalmological Assoc	ciation		00016861	
1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. Paul Dyson State Represen	ntative	
	B. Opposed			
2. Measures	A. Supported			
(Describe by date and location of election and nature of issue.)				
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if				
	<u> </u>			
(Identify by name or, if				
	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. Will Metcalf State Represe	- entative	
(Identify by name or, if				
	B. Opposed			
Measures (Describe by date and location of election and nature of issue)	A. Supported			
lidiure or issue.,	B. Opposed			
3. Officeholders Assisted		Rep. Stan Gerdes 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.)	(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.) 4. Supported 5. Opposed 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 8. Opposed 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 8. Opposed 8. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Clearlify by name or, if applicable, classify by party.) B. Opposed B. Opposed A. Supported Clearlify by name or, if applicable, classify by party.) B. Opposed A. Supported B. Opposed A. Supported Clearlify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed	Inthalmological Association 00016861 1. Candidates (Identify by name or, if applicable, classify by party). B. Opposed 2. Measures (Describe by date and neature 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 2. Measures (Describe by date and neature of issue.) B. Opposed A. Supported (Identify by name or, if applicable, classify by party). B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party). B. Opposed 3. Opposed A. Supported (Identify by name or, if applicable, classify by party). B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party). B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party). B. Opposed 3. Opposed A. Supported (Identify by name or, if applicable, classify by party). B. Opposed A. Supported (Identify by name or, if applicable, classify by party). B. Opposed A. Supported (Identify by name or, if applicable, classify by party). B. Opposed B. Opposed

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2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas Op	hthalmological Associ	ciation		00016861	
4 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	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		Rep. Ernest Bailes State Repres	sentative	
	applicable, classify by party.)	<u> </u>			
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			
	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	
COMMITTEE	Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and	A. Supported			
	nature of issue.)	B. Opposed			
	3. Officeholders Assisted		Rep. Terry Wilson State Repres	 entative	
	(Identify by name or, if applicable, classify by party.)				

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2 COMMITTEE NAME			1	.3 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas O	phthalmological Assoc	ciation		00016861	
4 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Dade Phelan 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. Christian Manuel State Repr	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. Greg Bonnen State Represe	ntative	

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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 (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. SupportedB. Opposed			
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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Jacey Jetton State Repres	sentative	
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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Gary Gates State Represe	entative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Jeff Bauknight State Repres	sentative	
(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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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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. Justin Holland 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			
	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. John Kuempel State Repre	esentative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Hatch Smith State Represer	ntative	
(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.)				

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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. Hugh Shine State Represe	entative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Pat Curry State Representa	tive	
(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.)				
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. DeWayne Burns State Re	presentative	

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2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas O _l	phthalmological Assoc	ciation		00016861	
4 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			_
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Glenn Rogers 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. Reggie Smith 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	

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2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas O	phthalmological Assoc	ciation		00016861	
4 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Lynn Stucky State Represe	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. Kronda Thimesch State Rep	presentative	
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. Matt Shaheen State Repres	sentative	

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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			
Officeholders Assisted (Identify by name or, if applicable, classify by party.))	Rep. Jeff Leach State Represer	ntative	
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. Stan Lambert 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. Opposeu			
Officeholders Assisted (Identify by name or, if		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.)	Clentify 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 Coescribe by date and location of election and nature of issue.) B. Opposed A. Supported 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 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 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 party.) B. Opposed Cleentify by name or, if applicable, classify by name or, if applicable, classify by name or, if applicable, classify by party.) Cleentify by name or, if applicable, classify by party.) B. Opposed Cleentify by name or, if applicable, classify by name or, if	Inthalmological Association 1. Candidates (disembly by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of fissue.) B. Opposed 3. Officeholders Assisted (didentity by name or, if applicable, classify by party.) 1. Candidates (didentity by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of fissue.) B. Opposed 3. Officeholders (didentity 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 didentity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders (Assisted didentity by name or, if applicable, classify by party.) B. Opposed 4. Supported (didentity 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 8. Opposed 8. Opposed 8. Opposed 9. Opposed 9. Opposed 9. Opposed 9. Opposed 9. Opposed 9. Opposed

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2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas Op	hthalmological Asso	ciation		00016861	
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. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		Rep. Suleman Lalani State Rep	presentative	
2014147777	applicable, classify by party.)		ii in Danis Otata Barrasa		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. JR Ramirez State Represer	ntative	
(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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(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			
	Haure or issue.	B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		Rep. Dustin Burrows State Rep	resentative	
	applicable, classify by party.)				

					Page 16 of 38
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas Op	hthalmological Assoc	ciation		00016861	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ms. Cindi Bulla State Represen	tative	
(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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Ken King State Represent	ative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Abraham George State Rep	presentative	
(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 name)				
	applicable, classify by party.)				

					Page 17 of 38
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas Op	ohthalmological 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. Giovanni Capriglione State	e Representativ	/e
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(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. Charlie Geren State Repre	esentative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ms. Linda Garcia State Represe	entative	
(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.)				

					Page 18 of 38
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. Morgan Meyer State Repro	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			
	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. Liz Campos 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. Steve Allison State Repres	sentative	
			_		

					Page 19 of 38
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. Briscoe Cain 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. Tom Oliverson State Repr	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			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed			
		Б. Оррозси			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Mano De Ayala State Rep	resentative	

FORM MPAC

					ADDENDUM
					Page 20 of 38
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			
	3. Officeholders Assisted		Rep. John Bucy III State Re	presentative	
	(Identify by name or, if applicable, classify by party.)				
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			
	3. Officeholders Assisted		Rep. Lacey Hull State Repre	esentative	
	(Identify by name or, if applicable, classify by party.))			

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					21 of 38
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commis	sion Filers)
EY	E PAC	of the Texas Ophthalmological Association	00016861		,
		E SUBTOTALS		1	
I		SCHEDULE		SUBTOTAL	L AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,520.00
	اث				0,020.00
		COLIED HE AG, MON MONETARY (IN 1/IND) POLITICAL CONTRIBUTIONS			
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
-					
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
		ORGANIZATION		ļ ·	
_	\Box	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	П	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		 \$	
		ORGANIZATION		ļ ·	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (
0.	Ш	SCHEDULE D. FLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (JRGANIZATION	\$	
9.	Ш	SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	24,900.00
11		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
11.	Ш	SCHEDULE FZ. UNFAID INCORRED OBLIGATIONS		\$	
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				+	
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONIS	6	46.62
14.		SCHEDOLE I. NON-FOLHICAE EXPENDITORES FROM FOLHICAE CONTRIBOTA	JN3	\$	40.02
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED		
15.	Ш	TO FILER		\$	
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 22/38	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 02/20/2024	 Full name of contributor out-of-state PAC (ID#:_Bains, Harshivinderjit (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$300.00
8	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Ophthalmolo			,		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Corona, Jorge (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occur	Dallas, TX 75248 pation / Job title (See Instructions)	Employer (See Instructions	·/-		
	Ophthalmolo		Employer (See instructions)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Cowan, 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 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Dudek, Lara (Dr.) Contributor address; City; State; Zip Code Dripping Springs, TX 78620)		Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_Fish, Susan (Dr.) Contributor address; City; State; Zip Code The Woodlands, TX 77380			Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 23/38	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 02/20/2024	 5 Full name of contributor out-of-state PAC (ID#:_ Flowers, Brian (Dr.) 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$30.00
8	Principal occur	Fort Worth, TX 76102 pation / Job title (See Instructions)	9 Employer (See Instructions) 		
Ü	Ophthalmolo		2 Employer (See instructions	')		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Gerald, Robert (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occur	Amarillo, TX 79106-1807 pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>		
	Ophthalmolo			,		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Victor (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
		McAllen, TX 78503				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	<u>,</u>		
	Date 02/20/2024	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)		
	Date 02/20/2024	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)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 24/38	
2	FILER NAME EYE PAC of	R NAME PAC of the Texas Ophthalmological Association			Filer ID (Ethics Commission 00016861	n Filers)
4	Date 02/20/2024	 Full name of contributor out-of-state PAC (ID#:_ Hammons, Matthew (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_	Dringing age	Fort Worth, TX 76104	0 Employer (See Instructions	_		
8	Ophthalmolo	pation / Job title (See Instructions) gist	9 Employer (See Instructions	5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Hunsaker, Jerry (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	Corpus Christi, TX 78411-1821 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Ophthalmolo		Employer (See mandenons	')		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Kemp, Richard (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Waxahachie, TX 75165				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Kirby, Judith (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	i)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_Kumar, Sanjiv (Dr.) Contributor address; City; State; Zip Code Uvalde, TX 78801			Amount of Contribution (\$)	\$40.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	()		
	•					

	MONEI	ARY POLITICAL CONTRIL	BUTIC	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	te this f	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 25/38	
2	FILER NAME	the Texas Ophthalmological Association			3	Filer ID (Ethics Commission 00016861	n Filers)
_			5.0 (5.1)	_		
4	Date 02/20/2024			,	Amount of Contribution (\$)	\$300.00	
		Irving, TX 75063					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Ophthalmolo	gist					
	Date	Full name of contributor ut-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	02/20/2024	Marr, William (Dr.)					\$250.00
		Contributor address; City; State; Zip Code					
		College Station, TX 77845-6147					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Ophthalmolo	gist					
	Date	Full name of contributor ut-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	02/20/2024	Patel, Sanjay (Dr.)					\$50.00
		Contributor address; City; State; Zip Code	Code				
		McKinney, TX 75069					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Ophthalmolo	gist					
	Date	Full name of contributor ut-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	02/20/2024	Richert, Harvey Miller (Dr.)					\$100.00
		Contributor address; City; State; Zip Code					
		Abilene, TX 79601-3044					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Ophthalmolo	gist					
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	02/20/2024	Sun, Regina (Dr.)					\$50.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77098					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Ophthalmolo	gist					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ne Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 5/5 Rpt: 26/38	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 02/20/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	San Antonio, TX 78209				
0	Ophthalmolo	pation / Job title (See Instructions) ogist	9 Employer (See Instructions))		
	Date 02/20/2024				Amount of Contribution (\$)	\$10.00
	Daine in all a serv	San Antonio, TX 78216	Farabasa (Osabastas tisas			
	Ophthalmolo	pation / Job title (See Instructions) ogist	Employer (See Instructions)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Weikert, Mitchell (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Houston, TX 77005				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) ogist	Employer (See Instructions)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Whitman, Jeffrey (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75204-2356)		Amount of Contribution (\$)	\$200.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) ogist	Employer (See Instructions)		

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/11 Rpt: 27/38	2 FILER NAME EYE PAC of the Texas Ophthalmological Association 3 Filer ID (Ethics Commission Filers) 00016861
4 Date	5 Payee name
02/13/2024	Alders, Daniel (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$600.00	PO Box 8907
·	
Expenditure from	Tyler, TX 75711
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 Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/14/2024	Allison, Steven (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	200 Morningside Dr.
Expenditure from corporate funds	San Antonio, TX 78209
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 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	H
Date	Payee name
02/13/2024	Ashby, Trent (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	PO Box 412
φ000.00	FO BOX 412
Expenditure from	
corporate funds	Lufkin, TX 75902
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 continuution
Complete CNII V if alia	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

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

Candidate/Officeholder/Politica Credit Card Payment	
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: 2/11 Rpt: 28/38	EYE PAC of the Texas Ophthalmological Association 00016861
4 Date	5 Payee name
02/13/2024	Bauknight, Jeff (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$600.00	PO Box 4122
Expenditure from corporate funds	Victoria, TX 77903
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
02/14/2024	Bulla, Cindi (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	1400 Reagan Ct
Expenditure from	
corporate funds	Amarillo, TX 79124
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	Payee name
02/14/2024	Burns , Dewayne
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	703 Stonelake Dr.
Expenditure from	
corporate funds	Cleburne, TX 76033
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	

SCHEDULE F1

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

Expenditure from

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 3/11 Rpt: 29/38	2 FILER NAME EYE PAC of the Texas Ophthalmological Association 3 Filer ID (Ethics Commission Filers) 00016861
4	Date 02/14/2024	5 Payee name Cain, Briscoe (Rep.)
6	Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 606 Rollingbrook Drive, Suite 1E
	Expenditure from corporate funds	Baytown, TX 77521
В	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
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 02/14/2024	Payee name Capriglione, Giovanni (Rep.)
	Amount (\$) \$600.00	Payee address; City; State; Zip Code 1352 Ten Bar Trl

EXPENDITURE CATEGORIES FOR BOX 8(a)

corporate funds	Southlake, TX 76092
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description 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 H
Date	Payee name
02/13/2024	Curry, Pat (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	204 Woodhew Dr.
Expenditure from corporate funds	Waco, TX 76712
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate/Officeholder/Political Committee

Candidate/Officeholder name

Check if Austin, TX, officeholder living expense

Office held

campaign contribution

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit

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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/11 Rpt: 30/38	EYE PAC of the Texas Ophthalmological Association 00016861
4 Date	5 Payee name
02/14/2024	Darby, Drew (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$600.00	1201 S Abe
Expenditure from corporate funds	San Angelo, TX 76902
8 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
O Commission ONLY if allowed	On all data (Office helder marrie
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/13/2024	Dutton, Jill (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	411 VZCR 4503
Expenditure from corporate funds	Ben Wheeler, TX 75754
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
02/13/2024	Dyson, Paul (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	4040 State Highway 6 S, Ste. 200
Expenditure from corporate funds	College Station, TX 77845
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
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 5/11 Rpt: 31/38	EYE PAC of the Texas Ophthalmological Association 00016861
4 Date	5 Payee name
02/14/2024	Garcia, Linda (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$600.00	1908 Haddock Dr.
Expenditure from corporate funds	Mesquite, TX 75149
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITURE	Candidate/Officeholder/Political Committee
	campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	٦
Date	Payee name
02/13/2024	Gates, Gary (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	2205 Ave I, Ste. 118
Expenditure from corporate funds	Rosenberg, TX 77471
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
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Dete	
Date	Payee name
02/14/2024	George, Abraham (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	450 Century Parkway
	Ste. 250
Expenditure from corporate funds	Allen, TX 75013
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Total manage Calcadala 54	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 6/11 Rpt: 32/38	2 FILER NAME EYE PAC of the Texas Ophthalmological Association 3 Filer ID (Ethics Commission Filers) 00016861
4 Date	5 Payee name
02/14/2024	Gerdes, Stan (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$600.00	PO Box 1060
4000.00	1 0 DOX 1000
Expenditure from	Smithville, TX 78957
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/14/2024	Johnson, Jarvis (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	6112 Wheatley Street
Ψ2,000.00	offiz wheatey offect
Expenditure from	Houston TV 77001
corporate funds	Houston, TX 77091
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/O	⊣
Date	Payee name
02/14/2024	Johnson, Nathan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	5905 Norway Rd
Ψ2,300.00	5555 Holivay Au
Expenditure from	Dallac TV 75220
corporate funds	Dallas, TX 75230
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
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/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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	
1 Total pages Schedule F1:	
Sch: 7/11 Rpt: 33/38	EYE PAC of the Texas Ophthalmological Association 00016861
4 Date	5 Payee name
02/14/2024	King, Ken (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	2416 Locust
Expenditure from	Canadian, TX 79014
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 Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/14/2024	Kuempel, John (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	902 E. College St
Expenditure from corporate funds	Seguin, TX 78155
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 Check if Austin, TX, officeholder living expense
	campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
02/14/2024	Lambert, Stan (Rep.)
	, , ,
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 3752
Expenditure from	
corporate funds	Abilene, TX 79604
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to beliefft G/O	

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Content and Content and Content of Content and Content of Con

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/11 Rpt: 34/38	EYE PAC of the Texas Ophthalmological Association 00016861
4 Date	5 Payee name
02/14/2024	Leach, Jeff (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$600.00	800 Glen Rose Dr.
Expenditure from corporate funds	Allen, TX 75013
8 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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Manuel, Christian (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	505 Orleans St.
·	
Expenditure from corporate funds	Beaumont, TX 77701
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 contribution
0 1: 0 1 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Meyer, Morgan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3232 McKinney Ave, Ste. 660
Expenditure from corporate funds	Dallas, TX 75204
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft G/OI	•

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

Candidate/Officeholder/Politica Credit Card Payment	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: 9/11 Rpt: 35/38	EYE PAC of the Texas Ophthalmological Association 00016861
4 Date	5 Payee name
02/14/2024	Oliverson M.D., Tom (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1 E Greenway Plaza Ste 225
Expenditure from corporate funds	Houston, TX 77046
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
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Ramirez, JR (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	PO Box 2134
Expenditure from corporate funds	Uvalde, TX 78802
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Shaheen, Matt (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	3917 Malton Dr.
Expenditure from	
corporate funds	Plano, TX 75025
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	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 Made By Candidate/Officeholder/Political Committee

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	
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: 10/11 Rpt: 36/38	EYE PAC of the Texas Ophthalmological Association 00016861
4 Date	5 Payee name
02/14/2024	Smith, Hatch (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$600.00	603 E. Ellis St
Expenditure from corporate funds	Llano, TX 78643
8 PURPOSE	1
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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/14/2024	Smith, Reginald (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	111A North Travis, Ste. 5
+= ,000.00	
Expenditure from	Sherman, TX 75090
corporate funds	,
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry 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
Date	Payee name
02/14/2024	Stucky, Lynn (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	5885 Canyon Rd
Ψ000.00	5555 Carlyon Na
Expenditure from	Congor TV 76266
corporate funds	Sanger, TX 76266
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	

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 11/11 Rpt: 37/38	2 FILER NAME September 2 FILER NAME September 3 Filer ID (Ethics Commission Filers) September 3 Filer ID (Ethics Commission Filers) O0016861
4 Date 02/14/2024	5 Payee name Thimesch, Kronda (Rep.)
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 2516 Sir Tristram Ln
Expenditure from corporate funds	Lewisville, TX 75056
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
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 02/13/2024	Payee name VanDeaver, Gary (Rep.)
Amount (\$) \$600.00	Payee address; City; State; Zip Code PO Box 866
Expenditure from corporate funds	New Boston, TX 75570
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/O	Candidate/Officeholder name Office sought Office held

SCHEDULE |

The Instruction Guide explains how to complete this form.		
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 02/13/2024	5 Payee name Affinipay.com	
6 Amount (\$) 30.42 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 02/13/2024	Payee name American Express Establishment Services	
Amount (\$) 16.20 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	