## MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM MPAC COVER SHEET PG 1

				-		
Tł	The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00016861 2 Total pages filed: 8					
3	COMMITTEE NAME		•	OFFICE USE ONLY		
	EYE PAC of the Te	xas Ophthalmological Association				
				Date Received		
				ELECTRONICALLY FILED		
				07/02/2024		
4	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		Dete Used delivered en Dete Destructured		
- -	CAMPAIGN	MS/MRS/MR FIRST	MI	Date Hand-delivered or Date Postmarked		
5	TREASURER		IVII	Dessint # Amount		
	NAME	Dr. Mark		Receipt # Amount		
		NICKNAME LAST	SUFFI	Date Processed		
			3011			
		Mazow		Date Imaged		
Ļ	0.000					
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; S	TATE; ZIP CODE		
	STREET	7777 Forest Lane, Suite C-710				
	ADDRESS					
	(Residence or Business)	Dallas, TX 75230				
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE		
Ľ	TREASURER		AF1730ITE#, CITT, 3	TATE, ZIF CODE		
	MAILING	401 West 15th Street, Suite 825				
	ADDRESS					
	Change of Address	Austin, TX 78701				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
	TREASURER	(070) 500 0000				
	PHONE	(972) 566-2020				
9	REPORT TYPE		10th day ofter compaign			
		X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)		
	MONTHLY REPORT FILING	January 5 April	5 X July 5	October 5		
	DEADLINE		_			
		February 5 May	5 August 5	November 5		
		March 5 June	5 September 5	December 5		
11	PERIOD	Month Day Year	Month	Day Year		
	COVERED	05/26/2024	THROUGH 06/25	/2024		
⊢						
		GO <sup>-</sup>	FO PAGE 2			
Ļ	rmo provided by T			Varaian V/4 4 0 4070-6-0		
<b>F</b> 0	ms provided by TeX	ns provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0				

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME		- i- tion	13 Filer II	
EYE PAC of the Texas			00016	5861
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		
		A. Supported		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	<ol> <li>Officeholders Assisted</li> </ol>			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	<ul> <li>POLITICAL CONTRIBUTIONS (OTHER THAN</li> <li>OR GUARANTEES OF LOANS, OR</li> <li>ADE ELECTRONICALLY)</li> <li>qualifies for the higher itemization threshold</li> </ul>	\$	\$ 0.00
	2. TOTAL POLITICA		\$	2 605 00
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)		2,695.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	<b>\$</b> 0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	<b>6</b> 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	T DAY	<b>3</b> 3,520.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	<b>\$</b> 0.00
16 AFFIDAVIT	1		I	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
			ark Mazow	
		Signature of C	∠ampaign Ti	ieasuiei
AFFIX NOTARY	STAMP / SEAL ABOVE			
			, this the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title o	of officer administering oath
L Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

### SUBTOTALS - MPAC

#### FORM MPAC COVER SHEET PG 3 3 of 8

				0 0. 0
17 COMMITT	EE NAME of the Texas Ophthalmological Association	18 Filer ID 00016861	(Ethics Con	nmission Filers)
		00010001	<u> </u>	
	E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,695.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$	
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 CONTRIBUTI	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	39.15
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

#### SCHEDULE A1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/8	
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filer	rs)
	f the Texas Ophthalmological Association		00016861	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
06/20/2024	Bourgeois, Keith (Dr.)		\$50	00.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77002-8232			
Drincipal occu	upation / Job title (See Instructions)	Employer (See Instructions)	Λ	
Ophthalmold		9 Employer (See Instructions)	) 	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/20/2024	Corona, Jorge (Dr.)		\$10	00.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75248			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Ophthalmolo	ogist			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/20/2024	Cowan, Gary (Dr.)		\$10	00.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104			
	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Ophthalmolo	ogist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/20/2024	Falgoust, Donald (Dr.)		\$20	00.00
	Contributor address; City; State; Zip Code			
	Lake Charles, TX 70605			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Ophthalmolo	ogist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/20/2024	Flowers, Brian (Dr.)		\$3	30.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76102			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Ophthalmolo	ogist			
		•		

#### SCHEDULE A1

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/8
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
_		f the Texas Ophthalmological Association		00016861
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	06/20/2024	Haley, Carl (Dr.)		\$25.00
	I	6 Contributor address; City; State; Zip Code		1
		Dallas, TX 75214		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Ophthalmolo	ogist		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/20/2024	Haley, John Marshall (Dr.)		\$50.00
	I	Contributor address; City; State; Zip Code		1
		Garland, TX 75042-7907		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Ophthalmolo	ogist		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/20/2024	Hunsaker, Jerry (Dr.)		\$200.00
	I	Contributor address; City; State; Zip Code		1
		Corpus Christi, TX 78411-1821		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Ophthalmolo	ogist		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/20/2024	Kemp, Richard (Dr.)		\$40.00
	I	Contributor address; City; State; Zip Code		1
		Waxahachie, TX 75165		
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Ophthalmolo	ogist		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/20/2024	Kumar, Sanjiv (Dr.)		\$40.00
	I	Contributor address; City; State; Zip Code		1
		Uvalde, TX 78801		
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Ophthalmolo	ogist		

#### SCHEDULE A1

_						
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/8	
2	2 FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
	EYE PAC of	the Texas Ophthalmological Association			00016861	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/20/2024	McCarty, Christopher Alan (Dr.)				\$500.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Amarillo, TX 79119				
8			9 Employer (See Instructions	5)		
	Ophthalmolo			-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/20/2024					\$250.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79109				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ا		
	Ophthalmolo	· · ·	E	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	06/20/2024	Patel, Sanjay (Dr.)	/		Amount of Contribution (4)	\$50.00
				ł		***
		McKinney, TX 75069				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Ophthalmolo	gist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/20/2024	Richert, Harvey Miller (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		]		
		Abilene, TX 79601-3044				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Ophthalmolo	· · ·		5)		
╞	Date			1	Amount of Contribution (\$)	
	06/20/2024	Full name of contributor out-of-state PAC (ID#: Row, Alan (Dr.)	/			\$200.00
	00/20/202	Contributor address; City; State; Zip Code		ł		Ψ200.00
		Lubbock, TX 79424-3219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Ophthalmolo	gist				
┢						

SCHEDULE	A1
----------	----

_						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/8	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		the Texas Ophthalmological Association			00016861	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/20/2024	Sun, Regina (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77098				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Ophthalmolo			,		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/20/2024	Walton, William (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78216				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Ophthalmolo			,		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/20/2024	Weikert, Mitchell (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77005				
	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 (\$)	
	06/20/2024	Whitman, Jeffrey (Dr.)				\$200.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75204-2356				
	Deinsinglasse		Enveloper (Or a headword in a			
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Ophthalmolo	gist				
1						

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The Instruction Guide explains how to complete this form.		
Total pages Schedule I: Sch: 1/1 Rpt: 8/8	2       FILER NAME       3       Filer ID       (Ethics Commission Filers)         EYE PAC of the Texas Ophthalmological Association       00016861	
Date 06/19/2024	5 Payee name Affinipay.com	
Amount (\$) 29.48 Expenditure from corporate funds	7 Payee Address;       City; State; Zip         30-30 47th Ave	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required.         Accounting/Banking       merchant fees	
Date 06/19/2024	Payee name American Express Establishment Services	
Amount (\$) 9.67 Expenditure from	Payee Address;     City; State; Zip       PO Box 53852	
PURPOSE OF EXPENDITURE	Phoenix, AZ 85072-3852         (a) Category (See instructions for examples of acceptable categories)         Accounting/Banking         (b) Description         (See instructions regarding type of information required merchant fees	