

**MONTHLY FILING GENERAL-PURPOSE
COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016861	2 Total pages filed: 13				
3 COMMITTEE NAME EYE PAC of the Texas Ophthalmological Association			OFFICE USE ONLY				
			Date Received ELECTRONICALLY FILED 09/03/2024				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St., Ste. 825 Ste. 825 Austin, TX 78701-1667		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Mark	Receipt # Amount					
	NICKNAME LAST SUFFIX Mazow	Date Processed					
Date Imaged							
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7777 Forest Lane, Suite C-710 Dallas, TX 75230						
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 West 15th Street, Suite 825 Austin, TX 78701						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(972)	566-2020					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07/26/2024				08/25/2024		

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME EYE PAC of the Texas Ophthalmological Association	13 Filer ID (Ethics Commission Filers) 00016861
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Sen. Molly Cook State Senator	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,495.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	9,045.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	30,162.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 AFFIDAVIT

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

Dr. Mark Mazow

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

Page 3 of 13

12 COMMITTEE NAME EYE PAC of the Texas Ophthalmological Association	13 Filer ID (Ethics Commission Filers) 00016861
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Jeff Barry State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Sen. Sarah Eckhardt State Senator

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. John Lujan State Representative

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME EYE PAC of the Texas Ophthalmological Association	13 Filer ID (Ethics Commission Filers) 00016861
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Brent Hagenbuch State Senator
		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.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME EYE PAC of the Texas Ophthalmological Association		18 Filer ID (Ethics Commission Filers) 00016861
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,495.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,045.53
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 6/13
2 FILER NAME EYE PAC of the Texas Ophthalmological Association		3 Filer ID (Ethics Commission Filers) 00016861
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belinsky, Irina (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78705	
8 Principal occupation / Job title (See Instructions) Ophthalmologist		9 Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jerehmiah (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Schertz, TX 78154	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkes, William (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corona, Jorge (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75248	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Gary (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 7/13
2 FILER NAME EYE PAC of the Texas Ophthalmological Association		3 Filer ID (Ethics Commission Filers) 00016861
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flowers, Brian (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76102	
8 Principal occupation / Job title (See Instructions) Ophthalmologist		9 Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Carl (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75214	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, John Marshall (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Garland, TX 75042-7907	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawthorne, Kristen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78733-1684	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunsaker, Jerry (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1821	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 8/13
2 FILER NAME EYE PAC of the Texas Ophthalmological Association		3 Filer ID (Ethics Commission Filers) 00016861
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, Richard (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Waxahachie, TX 75165	
8 Principal occupation / Job title (See Instructions) Ophthalmologist		9 Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Sanjiv (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Uvalde, TX 78801	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lieu, Philip (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Jose (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705-1169	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Sanjay (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McKinney, TX 75069	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 9/13
2 FILER NAME EYE PAC of the Texas Ophthalmological Association		3 Filer ID (Ethics Commission Filers) 00016861
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Santosh (Dr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Plano, TX 75093		
8 Principal occupation / Job title (See Instructions) Ophthalmologist		9 Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shulkin, Zev (Dr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Dallas, TX 75230		
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Oluwatosin (Dr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Dallas, TX 75231		
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sun, Regina (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77098		
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, William (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Antonio, TX 78216		
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 10/13
2 FILER NAME EYE PAC of the Texas Ophthalmological Association		3 Filer ID (Ethics Commission Filers) 00016861
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weikert, Mitchell (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Ophthalmologist		9 Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Jeffrey (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-2356	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Patrick (Dr.) <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Edward (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 11/13	2 FILER NAME EYE PAC of the Texas Ophthalmological Association	3 Filer ID (Ethics Commission Filers) 00016861
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4 Date 08/13/2024	5 Payee name Affinipay.com
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6 Amount (\$) \$29.54 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 30-30 47th Ave 9th Floor Long Island City, NY 11101
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant fees
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/14/2024	Payee name American Express Establishment Services
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Amount (\$) \$15.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 53852 Phoenix, AZ 85072-3852
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/14/2024	Payee name Barry, Jeff (Mr.)
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4418 Broadway St. Pearland, TX 77581
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 12/13	2 FILER NAME EYE PAC of the Texas Ophthalmological Association	3 Filer ID (Ethics Commission Filers) 00016861
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4 Date 08/14/2024	5 Payee name Cook, Molly (Sen.)
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 667238 Houston, TX 77266
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/14/2024	Payee name Eckhardt, Sarah (Sen.)
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 211 Jackson Street, Suite 104 Bastrop, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/14/2024	Payee name Hagenbuch, Brent (Mr.)
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Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 Shoreline Drive Denton, TX 76210
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 3/3 Rpt: 13/13	2 FILER NAME EYE PAC of the Texas Ophthalmological Association	3 Filer ID (Ethics Commission Filers) 00016861
4 Date 08/13/2024	5 Payee name Lujan, John (Rep.)	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 20003 FM 1937 San Antonio, TX 78221	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held