

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM MPAC  
COVER SHEET PG 1**

|   |  |   |  |
|---|--|---|--|
| <b>The MPAC Instruction Guide explains how to complete this form.</b>                     |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00016861 | <b>2</b> Total pages filed:<br>9       |
| <b>3</b> COMMITTEE NAME<br>EYE PAC of the Texas Ophthalmological Association              |  | <b>OFFICE USE ONLY</b>                                      |  |
|   |  | Date Received<br>ELECTRONICALLY FILED<br>10/02/2024         |  |
| <b>4</b> COMMITTEE ADDRESS<br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>401 W. 15th St., Ste. 825<br>Ste. 825<br>Austin, TX 78701-1667  |   | Date Hand-delivered or Date Postmarked |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR  | FIRST   | MI                                     |
|   | Dr.  | Mark  |  |
|   | NICKNAME   | LAST  | SUFFIX                                 |
|   |  | Mazow   |  |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>7777 Forest Lane, Suite C-710<br>Dallas, TX 75230   |   |  |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>401 West 15th Street, Suite 825<br>Austin, TX 78701  |   |  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION                              |
|   | (972)  | 566-2020  |  |
| <b>9</b> REPORT TYPE  | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)  |   |  |
| <b>10</b> MONTHLY REPORT FILING DEADLINE  | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input checked="" type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 |   |  |
| <b>11</b> PERIOD COVERED  | Month    Day    Year   | THROUGH   | Month    Day    Year                   |
|   | 08/26/2024   |   | 09/25/2024                             |

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>EYE PAC of the Texas Ophthalmological Association | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016861 |
|---|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |
|   |  |              |

|                               |   |              |
|-------------------------------|---|--------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00      |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,462.26  |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00      |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 0.00      |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 33,286.28 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 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

# SUBTOTALS - MPAC

|   |  |   |
|---|--|---|
| <b>17 COMMITTEE NAME</b><br>EYE PAC of the Texas Ophthalmological Association |  | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00016861 |
| <b>19 SCHEDULE SUBTOTALS</b>  |  | <b>SUBTOTAL AMOUNT</b>                                    |
|   | NAME OF SCHEDULE   |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$ 1,370.00   |
| 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 checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ 92.26  |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                                    | \$  |
| 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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$ 45.71  |
| 15.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER                  | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/4 Rpt: 4/9   |
| <b>2</b> FILER NAME<br>EYE PAC of the Texas Ophthalmological Association        |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016861 |
| <b>4</b> Date<br>09/20/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Corona, Jorge (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00     |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75248     |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Ophthalmologist |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cowan, Gary (Dr.)            | Amount of Contribution (\$)<br><br>\$100.00              |
| Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76104          |  |  |
| Principal occupation / Job title (See Instructions)<br>Ophthalmologist          |  | Employer (See Instructions)                              |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Flowers, Brian (Dr.)         | Amount of Contribution (\$)<br><br>\$30.00               |
| Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76102          |  |  |
| Principal occupation / Job title (See Instructions)<br>Ophthalmologist          |  | Employer (See Instructions)                              |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Haley, Carl (Dr.)            | Amount of Contribution (\$)<br><br>\$25.00               |
| Contributor address; City; State; Zip Code<br><br>Dallas, TX 75214              |  |  |
| Principal occupation / Job title (See Instructions)<br>Ophthalmologist          |  | Employer (See Instructions)                              |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Haley, John Marshall (Dr.)   | Amount of Contribution (\$)<br><br>\$50.00               |
| Contributor address; City; State; Zip Code<br><br>Garland, TX 75042-7907        |  |  |
| Principal occupation / Job title (See Instructions)<br>Ophthalmologist          |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/4 Rpt: 5/9   |
| <b>2</b> FILER NAME<br>EYE PAC of the Texas Ophthalmological Association        |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016861 |
| <b>4</b> Date<br>09/20/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hunsaker, Jerry (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$200.00         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78411-1821                           |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Ophthalmologist |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kemp, Richard (Dr.)            | Amount of Contribution (\$)<br>\$40.00                   |
|   | Contributor address; City; State; Zip Code<br><br>Waxahachie, TX 75165   |  |
| Principal occupation / Job title (See Instructions)<br>Ophthalmologist          |  | Employer (See Instructions)                              |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Key, James (Dr.)               | Amount of Contribution (\$)<br>\$100.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77098  |  |
| Principal occupation / Job title (See Instructions)<br>Ophthalmologist          |  | Employer (See Instructions)                              |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kumar, Sanjiv (Dr.)            | Amount of Contribution (\$)<br>\$40.00                   |
|   | Contributor address; City; State; Zip Code<br><br>Uvalde, TX 78801   |  |
| Principal occupation / Job title (See Instructions)<br>Ophthalmologist          |  | Employer (See Instructions)                              |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lee, Chevy (Dr.)               | Amount of Contribution (\$)<br>\$300.00                  |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |  |
| Principal occupation / Job title (See Instructions)<br>Ophthalmologist          |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |  | <b>1</b> Total pages Schedule A1:<br>Sch: 3/4 Rpt: 6/9   |
| <b>2</b> FILER NAME<br>EYE PAC of the Texas Ophthalmological Association        |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016861 |
| <b>4</b> Date<br>09/20/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Patel, Sanjay (Dr.) | <b>7</b> Amount of Contribution (\$)                     |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McKinney, TX 75069                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Ophthalmologist |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sun, Regina (Dr.)            | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77098  |  |
| Principal occupation / Job title (See Instructions)<br>Ophthalmologist          |  | Employer (See Instructions)                              |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Trevino, Mark (Dr.)          | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209  |  |
| Principal occupation / Job title (See Instructions)<br>Ophthalmologist          |  | Employer (See Instructions)                              |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Walton, William (Dr.)        | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78216  |  |
| Principal occupation / Job title (See Instructions)<br>Ophthalmologist          |  | Employer (See Instructions)                              |
| Date<br>09/20/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Weikert, Mitchell (Dr.)      | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77005  |  |
| Principal occupation / Job title (See Instructions)<br>Ophthalmologist          |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4/4 Rpt: 7/9   |
| <b>2</b> FILER NAME<br>EYE PAC of the Texas Ophthalmological Association        |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016861 |
| <b>4</b> Date<br>09/20/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Whitman, Jeffrey (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75204-2356 | <b>7</b> Amount of Contribution (\$)<br><br>\$200.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Ophthalmologist |   | <b>9</b> Employer (See Instructions)                     |

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

|   |  |  |  |
|---|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |  | <b>1</b> Total pages Schedule C2:<br>Sch: 1/1 Rpt: 8/9   |  |
| <b>2</b> FILER NAME<br>EYE PAC of the Texas Ophthalmological Association        |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016861 |  |
| <b>4</b> Date<br>09/11/2024   | <b>5</b> Corporation / Labor Organization name<br>Texas Ophthalmological Association             | <b>7</b> Amount of contribution(\$)<br>\$92.26           | <b>8</b> In-kind contribution description<br>postage |
|   | <b>6</b> Corporation / Labor Organization address; City; State; Zip Code<br><br>Austin, TX 78701 |  |  |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |  |  |



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| 1 Total pages Schedule I:<br>Sch: 1/1 Rpt: 9/9   | 2 FILER NAME<br>EYE PAC of the Texas Ophthalmological Association                              | 3 Filer ID (Ethics Commission Filers)<br>00016861   |
| 4 Date<br>09/17/2024   | 5 Payee name<br>Affinipay.com  |   |
| 6 Amount (\$)<br><br>9.67<br><input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip<br>30-30 47th Ave<br>9th Floor<br>Long Island City, NY 11101 |   |
| 8 <b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See instructions for examples of acceptable categories)<br>Accounting/Banking    | (b) Description (See instructions regarding type of information required.)<br>merchant fees |
| Date<br>09/18/2024   | Payee name<br>Affinipay.com  |   |
| Amount (\$)<br><br>36.04<br><input type="checkbox"/> Expenditure from corporate funds  | Payee Address; City; State; Zip<br>30-30 47th Ave<br>9th Floor<br>Long Island City, NY 11101   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See instructions for examples of acceptable categories)<br>Accounting/Banking    | (b) Description (See instructions regarding type of information required.)<br>merchant fees |