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

### FORM MPAC COVER SHEET PG 1

-							
т	ne MPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission File 00016861	lers)		2 Total pages filed: 30
3	COMMITTEE NAME						OFFICE USE ONLY
	EYE PAC of the Te	exas Ophthalmological Association					
							ELECTRONICALLY FILED
							11/05/2024
4		ADDRESS / PO BOX; APT / SUITE #;	CI	TY; STATE;	ZIP		
	ADDRESS	401 W. 15th St., Ste. 825					
		Ste. 825					
	Change of Address	Austin, TX 78701-1667					Date Hand-delivered or Date Postmarked
5	CAMPAIGN	MS/MRS/MR FIRST			MI		Date Hand-delivered of Date Fostmarked
ľ	TREASURER				IVII		Receipt # Amount
	NAME	Dr. Mark					
							Date Processed
		NICKNAME LAST				JFFIX	Date Processed
		Mazow					Data Imaged
		Mazow					Date Imaged
L	0.0.00				01714	07	
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE)	,	APT / SUITE #;	CITY;	STA	ATE; 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;	ST	ATE; ZIP CODE
Ľ	TREASURER			AF1/30112#,	CITT,	517	ATE, ZIF CODE
	MAILING	401 West 15th Street, Suite 825					
	ADDRESS						
	Change of Address	Austin, TX 78701					
8	CAMPAIGN	AREA CODE PHONE NUMBER		EXTE	NSION		
	TREASURER	/					
	PHONE	(972) 566-2020					
9	REPORT TYPE			1011			
ľ		X Monthly	Ε	10th day after c treasurer termir			Dissolution (Attach PAC-DR)
					lation		
10	) MONTHLY REPORT FILING	January 5 Apri	15		July 5		October 5
	DEADLINE		10	L			
		February 5 May	5		August 5		X November 5
					- 1 Contombor	F	
		March 5 Jun	9.2	L	September	5	December 5
11		Month Day Year			Мо	onth	Day Year
	COVERED	09/26/2024	THF	ROUGH		/25/2	
⊢							
1							
1							
		GO	то	PAGE 2			
L							
Fo	rms provided by Tex	as Ethics Commission www.e	thic	s.state.tx.us			Version V4.1.0.48da51f7

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME		:	13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas	Ophthalmological Asso	ciation	000168	61
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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Sen. Phil King State Senator		
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,010.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	18,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	25,756.33
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Dr. Marl	k Mazow	
		Signature of Car	npaign Tre	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of o	officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

LING GPAC R	EPORT:	PURPOSE		FORM MPAC
			12 Eilor ID	Page 3 of 30 (Ethics Commission Filers)
phthalmological Asso	ciation		00016861	
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Katrina Pierson State R	epresentative	
	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.)				
1. Candidates (Identify by name or, if	A. Supported	David Lowe State Repr	esentative	
	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.)				
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Shelley Luther State Re	presentative	
	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.)				
	Pithalmological Assoc         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.)         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	I. Candidates (Identify by name or, if applicable, classify by party.)         A. Supported           I. Candidates (Identify by name or, if applicable, classify by party.)         A. Supported           I. Measures (Describe by date and location of election and nature of issue.)         A. Supported           I. Candidates (Identify by name or, if applicable, classify by party.)         B. Opposed           I. Candidates (Identify by name or, if applicable, classify by party.)         A. Supported           I. Candidates (Identify by name or, if applicable, classify by party.)         A. Supported           I. Candidates (Identify by name or, if applicable, classify by party.)         A. Supported           I. Candidates (Identify by name or, if applicable, classify by party.)         B. Opposed           I. Candidates (Identify by name or, if applicable, classify by party.)         A. Supported           I. Candidates (Identify by name or, if applicable, classify by party.)         A. Supported           I. Candidates (Identify by name or, if applicable, classify by party.)         A. Supported           I. Candidates (Identify by name or, if applicable, classify by party.)         A. Supported           I. Candidates (Identify by name or, if applicable, classify by party.)         B. Opposed           I. Candidates (Identify by name or, if applicable, classify by party.)         B. Opposed           I. Candidates (Identify by name or, if applicable, classify by party.)         B. Opposed	1. Candidates (dentify by name or, if applicable, classify by party.)       A. Supported       Katrina Pierson State R         2. Measures (Describe by date and location of election and nature of issue.)       A. Supported         3. Officeholders Assisted (dentify by name or, if applicable, classify by party.)       A. Supported       David Lowe State Reprint David Lowe State Reprint applicable, classify by party.)         1. Candidates (dentify by name or, if applicable, classify by party.)       A. Supported       David Lowe State Reprint David Lowe State Reprint applicable, classify by party.)         2. Measures (Describe by date and location of election and nature of issue.)       A. Supported       David Lowe State Reprint David Lowe State Reprint A. Supported         3. Officeholders Assisted       A. Supported       Shelley Luther State Reprint B. Opposed         3. Officeholders Assisted       A. Supported       Shelley Luther State Reprint Shelley Luther State Reprint B. Opposed         2. Measures (dentify by name or, if applicable, classify by party.)       A. Supported       Shelley Luther State Reprint Shelley Luther State Reprint B. Opposed         2. Measures (Describe by date and location of election and nature of issue.)       A. Supported       Shelley Luther State Reprint B. Opposed         3. Officeholders Assisted (dentify by name or, if       B. Opposed       B. Opposed	Image: series of the series

### MONTHLY FILING GPAC REPORT: PURPOSE

## FORM MPAC

Page 4 of 30

					: ago : 0:00
<b>12</b> COMMITTEE NAME EYE PAC of the Texas O	ohthalmological Asso	ciation		13 Filer ID 00016861	(Ethics Commission Filers)
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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Tan Parker State Senator		
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.)		Sen. Lois Kolkhorst State Sena	or	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Paul Dyson State Representativ	/e	
(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.)				

	LING GPAC R	REPORT:	PURPOSE		FORM MPAC ADDENDUM Page 5 of 30
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas O	)phthalmological Asso <sup>,</sup>	ciation		00016861	· · · · ·
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Arthur Wharton 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			
	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			
	<ol> <li>Officeholders Assisted</li> <li>(Identify by name or, if applicable, classify by party.)</li> </ol>	)	Sen. Borris Miles State Senate	or	
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			
	<ol> <li>Officeholders Assisted</li> <li>(Identify by name or, if applicable, classify by party.)</li> </ol>		Sen. Donna Campbell State S	Senator	
		1			

MONTHLY FI	LING GPAC R	EPORT:	PURPOSE		FORM MPAC
					Page 6 of 30
<b>12</b> COMMITTEE NAME EYE PAC of the Texas O	phthalmological Asso	ciation		13 Filer ID 00016861	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Matthew Morgan 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			
	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. Brian Harrison State Rep	resentative	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mitch Little State Representativ	/e	
(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.)				

### MONTHLY FILING GPAC REPORT: PURPOSE

## FORM MPAC

Page 7 of 30

					. ago : 0.00
<b>12</b> COMMITTEE NAME EYE PAC of the Texas O	nhthalmological Asso	ciation		13 Filer ID 00016861	(Ethics Commission Filers)
				00010001	
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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Charles Schwartner State S	Senator	
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.)		Sen. Judith Zaffirini State Senate	or	
COMMITTEE	1 Candidatos	A Supported			
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. Cole Hefner State Represe	entative	

MONTHLY FI	LING GPAC R	REPORT:	PURPOSE		FORM MPAC ADDENDUM Page 8 of 30
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas O	phthalmological Asso	ciation		00016861	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Alan Schoolcraft State Represe	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 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. John Smithee State Repre	esentative	
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			
	<ol> <li>Officeholders Assisted</li> <li>(Identify by name or, if applicable, classify by party.)</li> </ol>		Rep. Ramon Romero State Rep	presentative	

### MONTHLY FILING GPAC REPORT: PURPOSE

## FORM MPAC

Page 9 of 30

<b>12</b> COMMITTEE NAME EYE PAC of the Texas O	phthalmological Asso	ciation	:	13 Filer ID 00016861	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	<b>-</b>		
(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. Salman Bhojani State Repre	esentative	
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. Caroline Harris Davila State	e Representati	ve
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. Brad Buckley State Represe	entative	

#### SUBTOTALS - MPAC

#### FORM MPAC COVER SHEET PG 3

10 of 30

17 COMMITTE EYE PAC	EE NAME of the Texas Ophthalmological Association	18 Filer ID 00016861	(Ethics Commission Filers)
19 SCHEDULI	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
			11.010.00
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 11,010.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	IR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 18,500.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	<b>\$</b> 39.95
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	The Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 1/11 Rpt: 11/30	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		the Texas Ophthalmological Association			00016861	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/20/2024	Acosta, Sharron (Dr.)				\$300.00
		6 Contributor address; City; State; Zip Code		"		
		1				
		1				
		Seguin, TX 78155				
8	•		9 Employer (See Instructions	s)		
	Ophthalmolo	.gist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	10/20/2024	Ahuero, Audrey (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		"		
		1				
		1				
		Houston, TX 77063				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Ophthalmolo	ugist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	10/20/2024	Bains, Harshivinderjit (Dr.)				\$300.00
		Contributor address; City; State; Zip Code		·		
		1				
		Tyler, TX 75703				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Ophthalmolo	/gist				
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	10/20/2024	Baum, Alan (Dr.)				\$200.00
		Contributor address; City; State; Zip Code		"		
		1				
		1				
L		Houston, TX 77057				
	•	upation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Ophthalmolo	/gist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	10/20/2024	Beauchamp, Cynthia (Dr.)				\$300.00
		Contributor address; City; State; Zip Code		"		
		1				
		1				
		Dallas, TX 75231				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Ophthalmolo	ugist				
1						

The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/11 Rpt: 12/30	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers	s)
	f the Texas Ophthalmological Association		00016861	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/20/2024	Bell, Nicholas (Dr.)		\$30	00.00
	6 Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
		9 Employer (See Instructions	;)	
Ophthalmolo	ogist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/20/2024	Boren, Carol (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Brownwood, TX 76801			
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 (\$)	
10/20/2024	Busse, Megyn (Dr.)		\$30	00.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78759			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Ophthalmolo	ogist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/20/2024	Corona, Jorge (Dr.)		\$10	00.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75248			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Ophthalmolo	ogist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/20/2024	Cowan, Gary (Dr.)		\$10	00.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104			
-	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Ophthalmolo	ogist			

	The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule A1: Sch: 3/11 Rpt: 13/30		
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 (\$)		
	10/20/2024	Dharma, Shashi (Dr.)				\$300.00	
		6 Contributor address; City; State; Zip Code		1			
		Irving, TX 75063					
8			9 Employer (See Instructions	5)			
	Ophthalmolo	ngist					
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)		
	10/20/2024	Fagadau, Warren (Dr.)				\$250.00	
		Contributor address; City; State; Zip Code		1			
		Dallas, TX 75225-6200					
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Ophthalmolo	ogist					
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)		
	10/20/2024	Flowers, Brian (Dr.)				\$30.00	
		Contributor address; City; State; Zip Code		1			
	Fort Worth, TX 76102						
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Ophthalmolo	.gist					
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)		
	10/20/2024	Freedman, Lyle (Dr.)				\$300.00	
		Contributor address; City; State; Zip Code		]			
	<b>T</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Burleson, TX 76028		Ĺ			
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Ophthalmolo			-			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	10/20/2024	Hager, Aaron (Dr.)				\$500.00	
		Contributor address; City; State; Zip Code					
		Can Antonia TV 70210 2000					
$\vdash$	Driveland enou	San Antonio, TX 78218-3088	Employer (Cas Instructions	Ĺ			
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Ophthalmolo	Jgist					

	The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule A1: Sch: 4/11 Rpt: 14/30		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)	
		the Texas Ophthalmological Association			00016861		
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)		
	10/20/2024	Haley, Carl (Dr.)				\$25.00	
		6 Contributor address; City; State; Zip Code		1			
		Dallas, TX 75214					
			9 Employer (See Instructions	5)			
	Ophthalmolo	-gist					
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)		
	10/20/2024	Haley, John Marshall (Dr.)				\$50.00	
		Contributor address; City; State; Zip Code		1			
		Garland, TX 75042-7907					
		pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Ophthalmolo			-			
	Date     Full name of contributor     out-of-state PAC (ID#:)		)		Amount of Contribution (\$)		
	10/20/2024	Harmon, Mark (Dr.)				\$300.00	
	Contributor address; City; State; Zip Code			]			
		Beaumont, TX 77707-2508					
			<u> </u>				
	Ophthalmolo		Employer (See Instructions	5)			
	•		<u> </u>	1			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>4200 00</b>	
	10/20/2024	Hunsaker, Jerry (Dr.)				\$200.00	
		Contributor address; City; State; Zip Code					
		Corpus Christi, TX 78411-1821					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 s)			
	Ophthalmolo			-,			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)		
	10/20/2024	Hunt, Michael (Dr.)	/		Allount of Contribution (4)	\$300.00	
	10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	Contributor address; City; State; Zip Code		$\mathbf{I}$		<b>TO T</b>	
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Ophthalmolo	ogist					

	,					
The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 5/11 Rpt: 15/30		
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 (\$)	
	10/20/2024	Hunter, Jeffrey (Dr.)				\$15.00
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ					
		Nashville, TN 37323				
		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Ophthalmolo	gist				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/20/2024	Jan, Jonathan (Dr.)				\$300.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		0				
	Determinal eases	Conroe, TX 77304		ŕ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Ophthalmolo			-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	+
	10/20/2024	Kavanagh, Joseph (Dr.)				\$300.00
	Contributor address; City; State; Zip Code					
	ļ					
	Seguin, TX 78155					
-			Employer (See Instructions	<u> </u> 5)		
Ophthalmologist			-,			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/20/2024	Kemp, Richard (Dr.)			,	\$40.00
		Contributor address; City; State; Zip Code		ł		·
	ļ					
		Waxahachie, TX 75165				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Ophthalmolo	igist		_		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/20/2024	Kerr, Kevin (Dr.)				\$300.00
		Contributor address; City; State; Zip Code		1		
	ļ					
		Stephenville, TX 76401	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Ophthalmolo	gist				

	The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule A1: Sch: 6/11 Rpt: 16/30		
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 (\$)		
	10/20/2024	Kerr, Trevor (Dr.)				\$300.00	
		6 Contributor address; City; State; Zip Code					
Ļ		Stephenville, TX 76401					
8			9 Employer (See Instructions	5)			
L	Ophthalmolo						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	±= := ==	
	10/20/2024					\$340.00	
		Contributor address; City; State; Zip Code					
		Uvalde, TX 78801					
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Ophthalmolo			9			
⊢	Date				Amount of Contribution (\$)		
	Date     Full name of contributor     out-of-state PAC (ID#:)       10/20/2024     Lehmann, James (Dr.)					\$300.00	
						Ψ000.02	
	San Antonio, TX 78229						
Principal occupation / Job title (See Instructions) Employer (See Instruction		Employer (See Instructions	5)				
	Ophthalmolo	gist					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	10/20/2024	Lin, Linda (Dr.)				\$300.00	
		Contributor address; City; State; Zip Code					
$\vdash$	Drive sized oppu	Conroe, TX 77304	Englisher (Cas Instructions	Ĺ			
	Ophthalmolo	pation / Job title (See Instructions)	Employer (See Instructions	)			
╞				-			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀንቦባ በበ	
	10/20/2024	Longo, Marc (Dr.)				\$300.00	
		Contributor address; City; State; Zip Code					
		Houston, TX 77063					
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()			
	Ophthalmolo			,			
⊢		<u> </u>					

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 7/11 Rpt: 17/30	
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 (\$)	
10/20/2024	MacLean, Kyle (Dr.)			\$300.00
	6 Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Ophthalmolo	ogist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/20/2024	Major, James (Dr.)			\$300.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Ophthalmolo	gist			
Date	Date     Full name of contributor     out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/20/2024	Maverick, Kenneth (Dr.)			\$300.00
	Contributor address; City; State; Zip Code			
	5			
San Antonio, TX 78229-3456				
Principal occupation / Job title (See Instructions) Employer (See Instruction		Employer (See Instructions)	)	
Ophthalmolo		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/20/2024	McAdams, Rocky (Dr.)			\$200.00
	Contributor address; City; State; Zip Code			
	Abilana TX 70606			
Dringing occu	Abilene, TX 79606 pation / Job title (See Instructions)	Employer (Soo Instructions)	Λ	
Ophthalmolo		Employer (See Instructions)	)	
Date 10/20/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$75.00
10/20/2024	Miller, Aaron (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77389			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Ophthalmolo		L	)	
- 1				

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 8/11 Rpt: 18/30		
<b>2</b> F	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		the Texas Ophthalmological Association			00016861	
4 [	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
1	10/20/2024	Norman, Alan (Dr.)				\$300.00
		6 Contributor address; City; State; Zip Code				
		Fort Worth, TX 76104				
		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
0	Ophthalmolo	ugist				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
1	10/20/2024	Patel, Sanjay (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		McKinney, TX 75069				
F	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
(	Ophthalmolo	rgist				
	Date Full name of contributor out-of-state PAC (ID#:)		)		Amount of Contribution (\$)	
1	10/20/2024	Pluenneke, Anne (Dr.)				\$300.00
	Contributor address; City; State; Zip Code					
	Fredericksburg, TX 78624					
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Ophthalmolo	,gist				
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/20/2024	Richert, Harvey Miller (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Abilene TV 70601 2044				
┝──		Abilene, TX 79601-3044				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
Ophthalmologist						
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	÷202.00
	10/20/2024	Russell, T (Dr.)				\$300.00
	Contributor address; City; State; Zip Code					
		Dallas, TX 75204				
┝─╴	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Ophthalmolo			9		
Ľ						

The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule A1: Sch: 9/11 Rpt: 19/30		
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		the Texas Ophthalmological Association			00016861	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/20/2024	Slusher, Norman (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75246-1909				
8			9 Employer (See Instructions)	)		
	Ophthalmolo	ogist				
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/20/2024	Somogyi, Marie (Dr.)				\$300.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78758				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)		
	Ophthalmolo	ogist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/20/2024	Strong, Bradley (Dr.)				\$300.00
	Contributor address; City; State; Zip Code					
	Dallas, TX 75205					
			Employer (See Instructions)	)		
	Ophthalmolo	.gist				
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/20/2024	Sun, Regina (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
┡	D 1 start easy	Houston, TX 77098		<u> </u>		
	Ophthalmolc	upation / Job title (See Instructions)	Employer (See Instructions)	)		
╞	•			-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷05 00
	10/20/2024	Trevino, Mark (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78209				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u>		
	Ophthalmolo			)		
┝						

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 10/11 Rpt: 20/30	
2 FILER NAME	2 FILER NAME			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 (\$)	
10/20/2024	Truong, David (Dr.)			\$300.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76244			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Ophthalmolo	gist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/20/2024	Walton, William (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78216			
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Ophthalmolo	gist			
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/20/2024	Wang, Allen (Dr.)			\$300.00
	Contributor address; City; State; Zip Code			
Lewisville, TX 75057				
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Ophthalmolo	gist			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/20/2024	Weikert, Mitchell (Dr.)			\$50.00
	Contributor address; City; State; Zip Code			
	Heuster TV 77005			
Houston, TX 77005			<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Ophthalmologist				
Date	Full name of contributor out-of-state PAC (ID#:)	)	Amount of Contribution (\$)	<b>*</b> 220.00
10/20/2024	Whitman, Jeffrey (Dr.)			\$200.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75204-2356			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Ophthalmolo	· · · ·		)	
Opininamene				
1				

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/11 Rpt: 21/30 2 FILER NAME 3 Filer ID (Ethics Commission Filers) EYE PAC of the Texas Ophthalmological Association 00016861 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 10/20/2024 \$300.00 Wong, Shannon (Dr.) 6 Contributor address; City; State; Zip Code Austin, TX 78746 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Ophthalmologist

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)			
Sch: 1/8 Rpt: 22/30	EYE PAC of the Texas Ophthalmological Association	00016861			
4 Date	5 Payee name				
10/08/2024	Bhojani, Salman (Rep.)				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$500.00	\$500.00 PO Box 392				
Expenditure from corporate funds					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense			
	campaign contri				
9 Complete ONLY if direct expenditure to benefit C/OH     Candidate/Officeholder name     Office sought     Office held					
Date	Payee name				
10/09/2024 Buckley DVM, Brad (Rep.)					
Amount (\$) Payee address; City; State; Zip Code					
\$500.00 7321 FM 2843					
Expenditure from corporate funds	Salado, TX 76571				
PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
Date	Payee name				
10/09/2024	Campbell, Donna (Sen.)				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,000.00	1319 Mary Cove				
Expenditure from corporate funds	New Braunfels, TX 78130				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE		tside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee	X, officeholder living expense ribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	yment/Reimbursement         Solicitation/Fundraising Expense           rhead/Rental Expense         Transportation Equipment & Related Expense           pense         Travel in District           ges/Contract Labor         OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 2/8 Rpt: 23/30	EYE PAC of the Texas Ophthalmological Asso	ciation 00016861				
4 Date	5 Payee name					
10/15/2024	Dyson, Paul (Mr.)					
6 Amount (\$)	<b>7</b> Payee address; City; State; Zip Co	de				
\$500.00	\$500.00 4040 State Highway 6 S, Ste. 200					
Expenditure from corporate funds	College Station, TX 77845					
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	Check if Austin, TX, officeholder living expense				
		campaign contribution				
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held				
expenditure to benefit C/OI	H					
Date	Payee name					
10/09/2024	Harris Davila, Caroline (Ms.)					
Amount (\$) Payee address; City; State; Zip Code						
\$500.00						
Expenditure from corporate funds	Round Rock, TX 78680					
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	Check if Austin, TX, officeholder living expense campaign contribution				
		campaign contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sour H	ght Office held				
Date	Payee name					
10/08/2024	Harrison, Brian					
Amount (\$)	Payee address; City; State; Zip Co	de				
\$500.00	791 Hwy 77 N					
	STE 501-C					
Expenditure from corporate funds	Waxahachie, TX 75165					
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	Check if Austin, TX, officeholder living expense				
		campaign contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sour H	ght Office held				

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

4 Date

10/15/2024

6 Amount (\$)

Sch: 3/8 Rpt: 24/30

5

7

\$500.00

## SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 00016861 EYE PAC of the Texas Ophthalmological Association Payee name Hefner, Joseph Cole (Rep.) City; Payee address; State; Zip Code P.O. Box 167

Expenditure from corporate funds	Mount Pleasant, TX 75456	
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense campaign contribution     </li> </ul>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/16/2024	King, Phil (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	-
\$1,000.00	2110 Fort Worth Highway	
Expenditure from corporate funds	Weatherford, TX 76086	
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 H	
Date	Payee name	-
10/07/2024	Kolkhorst, Lois (Sen.)	
10/07/2024 Amount (\$)		
	Kolkhorst, Lois (Sen.)	
Amount (\$)	Kolkhorst, Lois (Sen.)         Payee address;       City;         State;       Zip Code	
Amount (\$) \$2,000.00	Kolkhorst, Lois (Sen.)         Payee address;       City;         State;       Zip Code         PO Box 2546	
Amount (\$) \$2,000.00 Expenditure from corporate funds PURPOSE OF	Kolkhorst, Lois (Sen.)         Payee address;       City;         State;       Zip Code         PO Box 2546         Brenham, TX 77834         (a) Category (See Categories listed at the top of this schedule)         Contributions/Donations Made By         Candidate/Officeholder/Political Committee         Candidate/Officeholder name         Office sought       Office held	
Amount (\$) \$2,000.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	Kolkhorst, Lois (Sen.)         Payee address;       City;         State;       Zip Code         PO Box 2546         Brenham, TX 77834         (a) Category (See Categories listed at the top of this schedule)         Contributions/Donations Made By         Candidate/Officeholder/Political Committee         Candidate/Officeholder/Political Committee         Candidate/Officeholder name         Office sought         Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting 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: 4/8 Rpt: 25/30	EYE PAC of the Texas Ophthalmological Association 00016861		
4 Date	5 Payee name		
10/15/2024	Little, Mitch		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	2841 Seven Shields Lane		
Expenditure from corporate funds	Lewisville, TX 75056		
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		
	campaign contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/16/2024	Lowe, David		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	9017 Cedar Breaks Drive		
Expenditure from corporate funds	North Richland Hills, TX 76182		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense campaign contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/09/2024	Luther, Shelley		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	PO Box		
Expenditure from corporate funds	Sherman, TX 75090		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee 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		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting 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: 5/8 Rpt: 26/30	EYE PAC of the Texas Ophthalmological Association	00016861	
4 Date 10/15/2024	5 Payee name Miles, Borris (Sen.)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	5302 Almeda		
Expenditure from corporate funds	Houston, TX 77004		
8 PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
10/07/2024	Morgan, Matt		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	503 FM 359 Ste. 130		
Expenditure from corporate funds	Richmond, TX 77406		
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
10/16/2024	Parker, Nathaniel "Tan" (Rep.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 271741		
Expenditure from corporate funds	Flower Mound, TX 75027		
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting 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: 6/8 Rpt: 27/30	EYE PAC of the Texas Ophthalmological Association 00016861		
4 Date 10/08/2024	5 Payee name Pierson, Katrina		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	PO Box 672		
Expenditure from corporate funds	Rockwall, TX 75087		
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense campaign contribution</li> </ul> </li> </ul>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/07/2024	Romero, Ramon (Rep.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	3907 E. Lancaster Ave.		
Expenditure from corporate funds	Fort Worth, TX 76103		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense campaign contribution</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/08/2024	Schoolcraft, Alan		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	8647 Fm 725		
Expenditure from corporate funds	McQueeney, TX 78123		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense campaign contribution</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting 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: 7/8 Rpt: 28/30	EYE PAC of the Texas Ophthalmological Association 00016861		
4 Date	5 Payee name		
10/09/2024	Schwertner, Charles (Sen.)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,000.00	PO Box 2448		
Expenditure from corporate funds	Georgetown, TX 78627		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense campaign contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/07/2024	Smithee, John (Rep.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	2808 Parker		
Expenditure from corporate funds	Amarillo, TX 79109		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense campaign contribution</li> </ul> </li> </ul>		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/14/2024	Wharton, Arthur		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	PO Box 1242		
Expenditure from corporate funds	Huntsville, TX 77342		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee 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		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1: Sch: 8/8 Rpt: 29/30	2       FILER NAME       3       Filer ID       (Ethics Commission Filers)         EYE PAC of the Texas Ophthalmological Association       00016861
4 Date 10/08/2024	5 Payee name Zaffirini, Judith (Sen.)
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 1407 Washington Street
Expenditure from corporate funds	Laredo, TX 78042
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense campaign contribution</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE I

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 Asso	3         Filer ID         (Ethics Commission File           ociation         00016861		
Date 10/16/2024	5 Payee name Affinipay.com			
Amount (\$) 30.28 Expenditure from corporate funds	7 Payee Address;       City; State; Zip         30-30 47th Ave         9th Floor         Long Island City, NY 11101			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information require merchant fees		
Date 10/16/2024	Payee name American Express Establishment Services			
Amount (\$) 9.67 Expenditure from	Payee Address; City; State; Zip PO Box 53852			
corporate funds	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 require merchant fees		