



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,010.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 18,500.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 25,756.33
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

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

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

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

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

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

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

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

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

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

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<b>12 COMMITTEE NAME</b> EYE PAC of the Texas Ophthalmological Association		<b>13 Filer ID</b> (Ethics Commission Filers) 00016861
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Alan Schoolcraft State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Rep. John Smithee State Representative
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Rep. Ramon Romero State Representative

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<b>12 COMMITTEE NAME</b> EYE PAC of the Texas Ophthalmological Association		<b>13 Filer ID</b> (Ethics Commission Filers) 00016861
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Rep. Salman Bhojani State Representative
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Rep. Caroline Harris Davila State Representative
<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed	
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed	
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Rep. Brad Buckley State Representative	

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> EYE PAC of the Texas Ophthalmological Association		<b>18 Filer ID</b> (Ethics Commission Filers) 00016861
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,010.00
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	\$ 18,500.00
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	\$ 39.95
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: Sch: 1/11 Rpt: 11/30
<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association		<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Acosta, Sharron (Dr.)	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155	
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahuero, Audrey (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77063	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bains, Harshivinderjit (Dr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baum, Alan (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77057	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beauchamp, Cynthia (Dr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Dallas, TX 75231	
Principal occupation / Job title (See Instructions) 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: Sch: 2/11 Rpt: 12/30
<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association		<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Nicholas (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401	
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boren, Carol (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brownwood, TX 76801	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Busse, Megyn (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78759	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	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 10/20/2024	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/11 Rpt: 13/30
<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association		<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dharma, Shashi (Dr.)	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75063	
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fagadau, Warren (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Dallas, TX 75225-6200	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flowers, Brian (Dr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76102	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Freedman, Lyle (Dr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Burleson, TX 76028	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hager, Aaron (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78218-3088	
Principal occupation / Job title (See Instructions) 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: Sch: 4/11 Rpt: 14/30
<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association		<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley, Carl (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214	
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 10/20/2024	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 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harmon, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Beaumont, TX 77707-2508	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	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)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunt, Michael (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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/11 Rpt: 15/30
<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association		<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunter, Jeffrey (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Nashville, TN 37323	
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jan, Jonathan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Conroe, TX 77304	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kavanagh, Joseph (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kemp, Richard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Waxahachie, TX 75165	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kerr, Kevin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Stephenville, TX 76401	
Principal occupation / Job title (See Instructions) 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: Sch: 6/11 Rpt: 16/30
<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association		<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kerr, Trevor (Dr.)	<b>7</b> Amount of Contribution (\$) \$300.00
<b>6</b> Contributor address; City; State; Zip Code  Stephenville, TX 76401		
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kumar, Sanjiv (Dr.)	Amount of Contribution (\$) \$340.00
Contributor address; City; State; Zip Code  Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lehmann, James (Dr.)	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  San Antonio, TX 78229		
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lin, Linda (Dr.)	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  Conroe, TX 77304		
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longo, Marc (Dr.)	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  Houston, TX 77063		
Principal occupation / Job title (See Instructions) 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: Sch: 7/11 Rpt: 17/30
<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association		<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MacLean, Kyle (Dr.)	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75022	
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Major, James (Dr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Bellaire, TX 77401	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maverick, Kenneth (Dr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78229-3456	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McAdams, Rocky (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Aaron (Dr.)	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  Spring, TX 77389	
Principal occupation / Job title (See Instructions) 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: Sch: 8/11 Rpt: 18/30
<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association		<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Norman, Alan (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 10/20/2024	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)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pluenneke, Anne (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richert, Harvey Miller (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601-3044	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Russell, T (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75204	
Principal occupation / Job title (See Instructions) 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: Sch: 9/11 Rpt: 19/30
<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association		<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slusher, Norman (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75246-1909	
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Somogyi, Marie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78758	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strong, Bradley (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75205	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sun, Regina (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77098	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trevino, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) 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: Sch: 10/11 Rpt: 20/30
<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association		<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Truong, David (Dr.)	<b>7</b> Amount of Contribution (\$) \$300.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76244		
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 10/20/2024	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)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wang, Allen (Dr.)	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  Lewisville, TX 75057		
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weikert, Mitchell (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Houston, TX 77005		
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitman, Jeffrey (Dr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Dallas, TX 75204-2356		
Principal occupation / Job title (See Instructions) 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: Sch: 11/11 Rpt: 21/30
<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association		<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Shannon (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> 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.

<b>1</b> Total pages Schedule F1: Sch: 1/8 Rpt: 22/30	<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association	<b>3</b> Filer ID (Ethics Commission Filers) 00016861
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<b>4</b> Date 10/08/2024	<b>5</b> Payee name Bhojani, Salman (Rep.)
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<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 392  Eules, TX 76039
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/09/2024	Payee name Buckley DVM, Brad (Rep.)
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7321 FM 2843  Salado, TX 76571
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 10/09/2024	Payee name Campbell, Donna (Sen.)
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Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1319 Mary Cove  New Braunfels, TX 78130
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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  
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.

<b>1</b> Total pages Schedule F1: Sch: 2/8 Rpt: 23/30	<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association	<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/15/2024	<b>5</b> Payee name Dyson, Paul (Mr.)	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4040 State Highway 6 S, Ste. 200  College Station, TX 77845	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2024	Payee name Harris Davila, Caroline (Ms.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 700  Round Rock, TX 78680	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name Harrison, Brian	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 791 Hwy 77 N STE 501-C Waxahachie, TX 75165	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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.

<b>1</b> Total pages Schedule F1: Sch: 3/8 Rpt: 24/30	<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association	<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/15/2024	<b>5</b> Payee name Hefner, Joseph Cole (Rep.)	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 167  Mount Pleasant, TX 75456	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name King, Phil (Rep.)	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2110 Fort Worth Highway  Weatherford, TX 76086	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Kolkhorst, Lois (Sen.)	
Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2546  Brenham, TX 77834	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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.

<b>1</b> Total pages Schedule F1: Sch: 4/8 Rpt: 25/30	<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association	<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/15/2024	<b>5</b> Payee name Little, Mitch	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2841 Seven Shields Lane  Lewisville, TX 75056	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name Lowe, David	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9017 Cedar Breaks Drive  North Richland Hills, TX 76182	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2024	Payee name Luther, Shelley	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box  Sherman, TX 75090	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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.

<b>1</b> Total pages Schedule F1: Sch: 5/8 Rpt: 26/30	<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association	<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/15/2024	<b>5</b> Payee name Miles, Borris (Sen.)	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5302 Alameda  Houston, TX 77004	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Morgan, Matt	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 503 FM 359 Ste. 130  Richmond, TX 77406	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name Parker, Nathaniel "Tan" (Rep.)	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 271741  Flower Mound, TX 75027	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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.

<b>1</b> Total pages Schedule F1: Sch: 6/8 Rpt: 27/30	<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association	<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/08/2024	<b>5</b> Payee name Pierson, Katrina	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 672  Rockwall, TX 75087	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Romero, Ramon (Rep.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3907 E. Lancaster Ave.  Fort Worth, TX 76103	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name Schoolcraft, Alan	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8647 Fm 725  McQueeney, TX 78123	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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.

<b>1</b> Total pages Schedule F1: Sch: 7/8 Rpt: 28/30	<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association	<b>3</b> Filer ID (Ethics Commission Filers) 00016861
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<b>4</b> Date 10/09/2024	<b>5</b> Payee name Schwertner, Charles (Sen.)
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<b>6</b> Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 2448  Georgetown, TX 78627
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/07/2024	Payee name Smithee, John (Rep.)
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2808 Parker  Amarillo, TX 79109
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 10/14/2024	Payee name Wharton, Arthur
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1242  Huntsville, TX 77342
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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.

<b>1</b> Total pages Schedule F1: Sch: 8/8 Rpt: 29/30	<b>2</b> FILER NAME EYE PAC of the Texas Ophthalmological Association	<b>3</b> Filer ID (Ethics Commission Filers) 00016861
<b>4</b> Date 10/08/2024	<b>5</b> Payee name Zaffirini, Judith (Sen.)	
<b>6</b> Amount (\$) \$2,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1407 Washington Street  Laredo, TX 78042	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME EYE PAC of the Texas Ophthalmological Association	3 Filer ID (Ethics Commission Filers) 00016861
4 Date 10/16/2024	5 Payee name Affinipay.com	
6 Amount (\$)  30.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 30-30 47th Ave 9th Floor Long Island City, NY 11101	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) merchant fees
Date 10/16/2024	Payee name American Express Establishment Services	
Amount (\$)  9.67 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 53852  Phoenix, AZ 85072-3852	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) merchant fees