FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016861 3 COMMITTEE NAME **OFFICE USE ONLY** EYE PAC of the Texas Ophthalmological Association Date Received **ELECTRONICALLY FILED** 12/03/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 W. 15th St., Ste. 825 Ste. 825 Change of Address Austin, TX 78701-1667 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Dr. Mark NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Mazow CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 7777 Forest Lane, Suite C-710 STREET **ADDRESS** (Residence or Business) Dallas, TX 75230 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 401 West 15th Street, Suite 825 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (972) 566-2020 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 10/26/2024 11/25/2024

GO TO PAGE 2

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 Texa	s Ophthalmological Asso	ociation	00016861	
14 COMMITTEE ACTIVITY	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		
	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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	10,145.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	27,148.81
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			I	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the a nation required	accompanying report is d to be reported by me
		Dr Mari	k Mazow	
		Signature of Car		rer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, th	nis 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 offic	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 14
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
EYE PAC	of the Texas Ophthalmological Association	00016861	
	E SUBTOTALS SCHEDULE	1	SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,145.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$
8.	\$		
9.	\$		
10.	\$		
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 CONTRIBUTION	ONS	\$ 42.52
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONEI	ARY POLITICAL CONTRI	BUTIC)NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	ete this f	orm.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/14	
2	FILER NAME	the Toyas Onbthalmalagical Accessistion			3	Filer ID (Ethics Commission 00016861	n Filers)
_		the Texas Ophthalmological Association			_		
4	Date 11/20/2024	 Full name of contributor uut-of-state und out-of-state und out-of-st	e PAC (ID#:_)	7	Amount of Contribution (\$)	\$300.00
		Arlington, TX 76012					
8		pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Ophthalmolo	gist					
	Date	Full name of contributor ut-of-state	e PAC (ID#:_)		Amount of Contribution (\$)	
	11/20/2024	Bowes, Harrison (Dr.)					\$300.00
		Contributor address; City; State; Zip Code	!				
		San Antonio, TX 78213					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Ophthalmolo	gist					
	Date	Full name of contributor out-of-state	e PAC (ID#:_)		Amount of Contribution (\$)	
	11/20/2024	Cherne, Scott (Dr.)			\$30 ⁱ		\$300.00
		Contributor address; City; State; Zip Code					
		Hurst, TX 76054					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Ophthalmolo	gist					
	Date	Full name of contributor out-of-state	e PAC (ID#:_)		Amount of Contribution (\$)	
	11/20/2024	Corona, Jorge (Dr.)					\$100.00
		Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·				
		, , , ,					
		Dallas, TX 75248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Ophthalmolo	gist					
	Date	Full name of contributor out-of-state	e PAC (ID#:_)		Amount of Contribution (\$)	
	11/20/2024	Cowan, Gary (Dr.)	` -			, ,	\$100.00
		Contributor address; City; State; Zip Code	·······				
		, , , , , , , , , , , , , , , , , , ,					
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Ophthalmolo			,			
	-						

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/14	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 11/20/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$300.00
8	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)	9 Employer (See Instructions	 - s)		
	Ophthalmolo Date 11/20/2024	Full name of contributor out-of-state PAC (ID#: Edmond, Jane (Dr.)			Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> S)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_Fish, Gary (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	Dallas, TX 75231-5186 pation / Job title (See Instructions) gist	Employer (See Instructions	<u> </u> s)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#: Fish, Susan (Dr.)		•	Amount of Contribution (\$)	\$500.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> S)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_Flowers, Brian (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76102			Amount of Contribution (\$)	\$30.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
		·				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/14	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 11/20/2024	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$300.00
_	Dein sin al acces	El Paso, TX 79912	. Faralassa (Osa lastrustiana	$\overline{\Gamma}$		
8	Ophthalmolo		Employer (See Instructions	5)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#: Haley, Carl (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)	Employer (See Instructions	رد ا		
	Ophthalmolo		Employer (See manucuons	')		
	Date 11/20/2024	Full name of contributor			Amount of Contribution (\$)	\$50.00
		Garland, TX 75042-7907				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 11/20/2024	Full name of contributor			Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#: Hong, Chian-Huey (Dr.) Contributor address; City; State; Zip Code Arlington, TX 76012-3200			Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
		'				

	MONEI	ARY POLITICAL CO	DNTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/14	
2	FILER NAME EYE PAC of	the Texas Ophthalmological As	sociation		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 11/20/2024	5 Full name of contributor	out-of-state PAC (ID#:_ e; Zip Code		7	Amount of Contribution (\$)	\$300.00
8	Principal occu Ophthalmolo	Hurst, TX 76054-3066 pation / Job title (See Instructions) gist		9 Employer (See Instructions	j 5)		
	Date 11/20/2024	Full name of contributor Hunsaker, Jerry (Dr.) Contributor address; City; State Corpus Christi, TX 78411-18				Amount of Contribution (\$)	\$200.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 11/20/2024	Full name of contributor Ingram, Ronald (Dr.) Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	Midland, TX 79701-3885 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 11/20/2024	Full name of contributor Johnson, Daniel (Dr.) Contributor address; City; State SAN ANTONIO, TX 78229	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 		
	Date 11/20/2024	Full name of contributor Kelly, Stephen (Dr.) Contributor address; City; State Brownwood, TX 76801	out-of-state PAC (ID#:_ e; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/14	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association			3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 11/20/2024	 Full name of contributor out-of-state P Kemp, Richard (Dr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Waxahachie, TX 75165 pation / Job title (See Instructions)	la.	Employer (See Instructions	_		
0	Ophthalmolo		9	Employer (See Instructions	')		
	Date 11/20/2024	Full name of contributor out-of-state P King, Craig (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occu	Longview, TX 75605-5170 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	Ophthalmolo			Employer (See manucuons	')		
	Date 11/20/2024	Full name of contributor out-of-state P Koch, Douglas (Dr.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$300.00
		Houston, TX 77030					
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions)		
	Date 11/20/2024	Full name of contributor out-of-state P Kumar, Sanjiv (Dr.) Contributor address; City; State; Zip Code Uvalde, TX 78801)		Amount of Contribution (\$)	\$340.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	()		
	Date 11/20/2024	Full name of contributor out-of-state P Kuriachan, Vipin (Dr.) Contributor address; City; State; Zip Code Irving, TX 75039	PAC (ID#:			Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	i)		
			L_				

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/14	
2	FILER NAME EYE PAC of	the Texas Ophthalmological A	Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 11/20/2024	5 Full name of contributor Lehmann, Robert (Dr.)6 Contributor address; City; State	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$300.00
		Nacogdoches, TX 75965	1				
8	Ophthalmolo	pation / Job title (See Instructions) gist		9 Employer (See Instructions	5)		
	Date 11/20/2024	Full name of contributor Leone, Charles (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78213 pation / Job title (See Instructions)	, 1	Employer (See Instructions	<u>s)</u>		
	Ophthalmolo			Employer (Gee mondoners	-,		
	Date 11/20/2024	Full name of contributor Lindner, Milton (Dr.) Contributor address; City; Sta				Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78218					
	Principal occu Ophthalmolo	pation / Job title (See Instructions gist		Employer (See Instructions	5)		
	Date 11/20/2024	Full name of contributor Lindsay, Mark (Dr.) Contributor address; City; Sta				Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/20/2024	Full name of contributor Liu, Enchun (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/14	
2	FILER NAME EYE PAC of	the Texas Ophthalmological A	ssociation		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 11/20/2024	5 Full name of contributor [Margo, Theodore (Dr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$300.00
Ĺ	D: : 1	Fort Worth, TX 76102	1.	5 1 (0 1 1 1	Ĺ		
8	Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	S) 		
	Date 11/20/2024	Full name of contributor [Marten, Lisa (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$300.00
	Principal occu	San Antonio, TX 78229 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Ophthalmolo			, , ,			
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:) McCash, Charles (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00	
		San Antonio, TX 78258					
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	5)		
	Date 11/20/2024	Full name of contributor Metrikin, David (Dr.) Contributor address; City; Sta El Paso, TX 79902			•	Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/20/2024	Full name of contributor Miller, Aaron (Dr.) Contributor address; City; Sta Spring, TX 77389				Amount of Contribution (\$)	\$75.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/14	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 11/20/2024	 Full name of contributor out-of-state PAC (ID# Moore, Jacob (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$300.00
8	Principal occu	Corpus Christi, TX 78404 pation / Job title (See Instructions)	9 Employer (See Instructions	;) 		
Ŭ	Ophthalmolo		2 Employer (See mondenorie	',		
	Date 11/20/2024	Contributor address; City; State; Zip Code	±:)		Amount of Contribution (\$)	\$50.00
	Principal occu	McKinney, TX 75069 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Ophthalmolo	,		,		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID# Pierce, Karl (Dr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$300.00
		Austin, TX 78756-2611				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID# Price, C (Dr.) Contributor address; City; State; Zip Code Conroe, TX 77304	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#Richert, Harvey Miller (Dr.) Contributor address; City; State; Zip Code Abilene, TX 79601-3044	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/14	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 11/20/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$300.00
8	Principal occu	The Woodlands, TX 77382 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>:)</u>		
	Ophthalmolo		c Employer (eee meadeans	-,		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_Sun, Regina (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77098 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Ophthalmolo		Employer (See instructions	"		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_ Terrell, Frank (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$300.00
		Stephenville, TX 76401				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	s)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_ Trevino, Mark (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209)		Amount of Contribution (\$)	\$25.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_Walton, William (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78216)		Amount of Contribution (\$)	\$10.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/14 2 FILER NAME EYE PAC of the Texas Ophthalmological Association 3 Filer ID (Ethics Commission Filer 00016861 4 Date 11/20/2024 Weikert, Mitchell (Dr.) 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) Ophthalmologist Date 11/20/2024 Whitman, Jeffrey (Dr.)	
EYE PAC of the Texas Ophthalmological Association 4 Date	
11/20/2024 Weikert, Mitchell (Dr.) 6 Contributor address; City; State; Zip Code Houston, TX 77005 8 Principal occupation / Job title (See Instructions) Ophthalmologist Date 11/20/2024 Whitman, Jeffrey (Dr.) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Dallas, TX 75204-2356 Principal occupation / Job title (See Instructions) Employer (See Instructions)	2
8 Principal occupation / Job title (See Instructions) Ophthalmologist Date 11/20/2024	4
Ophthalmologist Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/20/2024 Whitman, Jeffrey (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75204-2356 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
11/20/2024 Whitman, Jeffrey (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75204-2356 Principal occupation / Job title (See Instructions) Employer (See Instructions)	8
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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 Assoc	siation	3	Filer ID (Ethics Commission Filers) 00016861
4	Date 11/12/2024	5	Payee name Affinipay.com			
6	Amount (\$) 32.85 Expenditure from corporate funds	7	Payee Address; City; State; Zip 30-30 47th Ave 9th Floor Long Island City, NY 11101			
8	PURPOSE OF EXPENDITURE	(a)	Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (b) merchant fees		instructions regarding type of information required.)
	Date 11/13/2024		Payee name American Express Establishment Services			
	Amount (\$) 9.67 Expenditure from corporate funds		Payee Address; City; State; Zip PO Box 53852 Phoenix, AZ 85072-3852			
	PURPOSE OF EXPENDITURE	(a)	Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (b) merchant fees		instructions regarding type of information required.)