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** 02/01/2025 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 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2024 01/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texa	as Ophthalmological Asso	ociation	00016863	1
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location	7. Supported		
	of election and nature of issue.)			
		B. Opposed		
	Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D 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	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,905.00
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	T DAY \$	41,772.90
OUTSTANDING LOAN TOTALS	I	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
.6 AFFIDAVIT				
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.	perjury, that the ormation require	accompanying report is ed to be reported by me
		Dr. Ma	ark Mazow	
			ampaign Treas	urer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Swarn to and subsarih	and hafara ma, by the said	,	this the	day
		which, witness my hand and seal of office.	uns une	uay
<u> </u>				
Signature of officer	administering oath	Printed name of officer administering oath	Title of off	icer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 11
17 COMMIT	EE NAME	18 Filer ID	(Ethics Commission	on Filers)
	(
	C of the Texas Ophthalmological Association LE SUBTOTALS	00016861	т	
	SCHEDULE		SUBTOTAL	AMOUNT
IVAIVIE OF	SCHEDULE		<u> </u>	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,905.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	OR	\$	
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	₹	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	42.30
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/11	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		C of the Texas Ophthalmological Association				00016861	
4	Date 01/20/2025	5 Full name of contributorBrown, Jeremiah (Dr.)6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$300.00
Ω	Principal occu	Schertz, TX 78154 pation / Job title (See Instructions	9	9 Employer (See Instructions			
0	Ophthalmolo		9)	Employer (See Instructions	·)		
	Date 01/20/2025	Full name of contributor Corona, Jorge (Dr.) Contributor address; City; Si Dallas, TX 75248	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	Ipation / Job title (See Instructions	;)	Employer (See Instructions	<u> </u>		
	Ophthalmolo		,		,		
	Date 01/20/2025	Full name of contributor Cowan, Gary (Dr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76104					
	Principal occu Ophthalmolo	pation / Job title (See Instructions gist	s)	Employer (See Instructions	<u>. </u>		
	Date 01/20/2025	Full name of contributor Decker, William (Dr.) Contributor address; City; Si Houston, TX 77074	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 01/20/2025	Full name of contributor Dobler-Dixon, Amber (Dr. Contributor address; City; S Amarillo, TX 79106-1835				Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions gist	s) 	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/11	
2	FILER NAME EYE PAC of	NAME PAC of the Texas Ophthalmological Association			Filer ID (Ethics Commission 00016861	n Filers)
4	Date 01/20/2025	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$300.00
8	Principal occur	Fort Worth, TX 76104	Employer (See Instructions			
0	Ophthalmolo		9 Employer (See Instructions)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (ID#:_ Flowers, Brian (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		Fort Worth, TX 76102		Ĺ		
	Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (ID#: Gonzalez, Victor (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
		McAllen, TX 78503				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	i)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (ID#:_ Haley, Carl (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75214)		Amount of Contribution (\$)	\$25.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (ID#:_Haley, John Marshall (Dr.) Contributor address; City; State; Zip Code Garland, TX 75042-7907)		Amount of Contribution (\$)	\$50.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/11	
2	FILER NAME EYE PAC of	ER NAME 'E PAC of the Texas Ophthalmological Association			3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 01/20/2025	 Full name of contributor out-of-state PAC Hargrave, Sylvia (Dr.) Contributor address; City; State; Zip Code 	`)	7	Amount of Contribution (\$)	\$300.00
8	Principal occur	Dallas, TX 75203-1259 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/_		
0	Ophthalmolo		ا	Employer (See mstructions	·)		
	Date 01/20/2025	Full name of contributor out-of-state PAC Hunsaker, Jerry (Dr.) Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occur	Corpus Christi, TX 78411-1821 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	Ophthalmolo			Employer (See manuchons	')		
	Date 01/20/2025	Full name of contributor out-of-state PAC Johnson, Charles (Dr.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$300.00
		Sugar Land, TX 77479					
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	5)		
	Date 01/20/2025	Full name of contributor out-of-state PAC Jones, Rebecca (Dr.) Contributor address; City; State; Zip Code Tyler, TX 75702)		Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist		Employer (See Instructions	5)		
	Date 01/20/2025	Full name of contributor out-of-state PAC Kemp, Richard (Dr.) Contributor address; City; State; Zip Code Waxahachie, TX 75165	(ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO)NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/11	
2	FILER NAME EYE PAC of the Texas Ophthalmological Association			3	Filer ID (Ethics Commission	n Filers)	
						00016861	
4	Date 01/20/2025	 5 Full name of contributor Khan-Farooqi, Haumith (D 6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$300.00
		Austin, TX 78756					
8		pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
	Ophthalmolo				_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/20/2025	Mayans, Jose (Dr.)					\$300.00
		Contributor address; City; Sta	ate; Zip Code				
		Odessa, TX 79763-4305					
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Ophthalmolo	gist					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/20/2025	Miller, Aaron (Dr.)					\$75.00
		Contributor address; City; Sta	ate; Zip Code				
		Carina TV 77200					
	Dringing con	Spring, TX 77389	<u> </u>	Employer (Coo Instructions	<u>, </u>		
	Ophthalmolo	pation / Job title (See Instructions))	Employer (See Instructions	•)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	# 200 00
	01/20/2025	Packwood, Eric (Dr.)					\$300.00
		Contributor address; City; Sta	ate; Zip Code				
		Fort Worth, TX 76104-101	6				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Ophthalmolo				•		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	01/20/2025	Patel, Sanjay (Dr.)	_ ` -			.,	\$50.00
		Contributor address; City; Sta	ate; Zip Code				
			·				
		McKinney, TX 75069					
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Ophthalmolo	gist					

	MONET	ARY POLITICAL CONTR	IBUTION	IS		SCHEDUL	E A1
	The Instru	etion Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/11	
2	FILER NAME EYE PAC of	FILER NAME EYE PAC of the Texas Ophthalmological Association			3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 01/20/2025	Richert, Harvey Miller (Dr.)	ate PAC (ID#: e		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Abilene, TX 79601-3044 pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
	Ophthalmolo			Zimpioyor (God mondono	,		
	Date 01/20/2025	Rush, Sloan (Dr.)				Amount of Contribution (\$)	\$300.00
	Dringing Lagra	Amarillo, TX 79106		Franksias (Cooksations	_		
	Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	5)		
	Date 01/20/2025	Full name of contributor out-of-state Schiffman, Jade (Dr.) Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$300.00
		Houston, TX 77407					
	Principal occu Ophthalmolo	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 01/20/2025	Shepler, Maria (Dr.)				Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist		Employer (See Instructions)		
	Date 01/20/2025	Shulkin, Zev (Dr.)				Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist		Employer (See Instructions	i)		
			l .				

	MONEI	ARY POLITICAL C	ONTRIBUTIO)NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/11	
2	FILER NAME EYE PAC of	f the Texas Ophthalmological /	Association		3	Filer ID (Ethics Commission 00016861	ı Filers)
4	Date 01/20/2025	5 Full name of contributor Sun, Regina (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Houston, TX 77098 upation / Job title (See Instructions	 S)	9 Employer (See Instructions	s)		
	Ophthalmolo		,		,		
	Date 01/20/2025	Full name of contributor Trevino, Mark (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78209		•	L		
	Principal occu Ophthalmolo	upation / Job title (See Instructions ogist	;)	Employer (See Instructions	s)		
	Date 01/20/2025	Full name of contributor Walton, William (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78216					
	Principal occu Ophthalmolo	upation / Job title (See Instructions	;)	Employer (See Instructions	<u> </u>		
	Date 01/20/2025	Full name of contributor Weikert, Mitchell (Dr.) Contributor address; City; St Houston, TX 77005	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu Ophthalmolo	upation / Job title (See Instructions	;)	Employer (See Instructions	<u> </u> ;)		
	Date 01/20/2025	Full name of contributor Whitman, Jeffrey (Dr.) Contributor address; City; St Dallas, TX 75204-2356	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$200.00
	Principal occu Ophthalmolo	upation / Job title (See Instructions ogist	;)	Employer (See Instructions	<u>;</u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A	1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/11	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission Filer 00016861	·s)
4	Date 01/20/2025	 Full name of contributor)	7	Amount of Contribution (\$) \$30	00.00
Ω	Principal occur	Fort Worth, TX 76104 pation / Job title (See Instructions)	9 Employer (See Instructions	e)		
0	Ophthalmolo		Employer (See instructions	5)		

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 Association 3 Filer ID (Ethics Commission Filers) 00016861
4	Date 01/15/2025	5 Payee name Affinipay.com
6	Amount (\$) 32.63 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 (See instructions regarding type of information required.) merchant fee
	Date 01/16/2025	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 (See instructions regarding type of information required.) merchant fee