

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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| 12 COMMITTEE NAME EYE PAC of the Texas Ophthalmological Association | 13 Filer ID (Ethics Commission Filers) 00016861 |
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| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
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| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 5,905.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 41,772.90 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dr. Mark Mazow

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

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|---|---|---|
| 17 COMMITTEE NAME EYE PAC of the Texas Ophthalmological Association | | 18 Filer ID (Ethics Commission Filers) 00016861 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 5,905.00 |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 42.30 |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/11 |
| 2 FILER NAME EYE PAC of the Texas Ophthalmological Association | | 3 Filer ID (Ethics Commission Filers) 00016861 |
| 4 Date 01/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeremiah (Dr.) | 7 Amount of Contribution (\$) \$300.00 |
| | 6 Contributor address; City; State; Zip Code Schertz, TX 78154 | |
| 8 Principal occupation / Job title (See Instructions) Ophthalmologist | | 9 Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corona, Jorge (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75248 | |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Gary (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, William (Dr.) | Amount of Contribution (\$) \$300.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77074 | |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobler-Dixon, Amber (Dr.) | Amount of Contribution (\$) \$300.00 |
| | Contributor address; City; State; Zip Code Amarillo, TX 79106-1835 | |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/11 |
| 2 FILER NAME EYE PAC of the Texas Ophthalmological Association | | 3 Filer ID (Ethics Commission Filers) 00016861 |
| 4 Date 01/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Keith (Dr.) | 7 Amount of Contribution (\$) \$300.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| 8 Principal occupation / Job title (See Instructions) Ophthalmologist | | 9 Employer (See Instructions) |
| Date 01/20/2025 | 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 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Victor (Dr.) | Amount of Contribution (\$) \$300.00 |
| | Contributor address; City; State; Zip Code McAllen, TX 78503 | |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Carl (Dr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75214 | |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, John Marshall (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Garland, TX 75042-7907 | |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/11 |
| 2 FILER NAME EYE PAC of the Texas Ophthalmological Association | | 3 Filer ID (Ethics Commission Filers) 00016861 |
| 4 Date 01/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrave, Sylvia (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75203-1259 | |
| 8 Principal occupation / Job title (See Instructions) Ophthalmologist | | 9 Employer (See Instructions) |
| Date 01/20/2025 | 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 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Sugar Land, TX 77479 | |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Rebecca (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Tyler, TX 75702 | |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |
| Date 01/20/2025 | 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) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 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 Filers) 00016861 |
| 4 Date 01/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan-Farooqi, Haumith (Dr.) | 7 Amount of Contribution (\$) \$300.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78756 | |
| 8 Principal occupation / Job title (See Instructions) Ophthalmologist | | 9 Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayans, Jose (Dr.) | Amount of Contribution (\$) \$300.00 |
| | Contributor address; City; State; Zip Code Odessa, TX 79763-4305 | |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |
| Date 01/20/2025 | 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) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Packwood, Eric (Dr.) | Amount of Contribution (\$) \$300.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-1016 | |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Sanjay (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code McKinney, TX 75069 | |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/11 |
| 2 FILER NAME EYE PAC of the Texas Ophthalmological Association | | 3 Filer ID (Ethics Commission Filers) 00016861 |
| 4 Date 01/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Harvey Miller (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601-3044 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Ophthalmologist | | 9 Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rush, Sloan (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiffman, Jade (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77407 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepler, Maria (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78758 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shulkin, Zev (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/11 |
| 2 FILER NAME EYE PAC of the Texas Ophthalmological Association | | 3 Filer ID (Ethics Commission Filers) 00016861 |
| 4 Date 01/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sun, Regina (Dr.) | 7 Amount of Contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77098 | | |
| 8 Principal occupation / Job title (See Instructions) Ophthalmologist | | 9 Employer (See Instructions) |
| Date 01/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Mark (Dr.) | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78209 | | |
| Principal occupation / Job title (See Instructions) Ophthalmologist | | Employer (See Instructions) |
| Date 01/20/2025 | 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 01/20/2025 | 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 01/20/2025 | 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**

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 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 Filers) 00016861 |
| 4 Date 01/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Patrick (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104 | 7 Amount of Contribution (\$) \$300.00 |
| 8 Principal occupation / Job title (See Instructions) Ophthalmologist | | 9 Employer (See Instructions) |

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 01/15/2025 | 5 Payee name Affinipay.com | |
| 6 Amount (\$) 32.63 <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 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 <input type="checkbox"/> 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 |