#### 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** 03/03/2025 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 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2025 02/25/2025

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

			-		
L2 COMMITTEE NAME			]1	13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas	Ophthalmological Asso	ciation		00016861	
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 Magauras	A. Supported			
	Measures     (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted				
	(Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION		POLITICAL CONTRIBUTIO			
TOTALS		OR GUARANTEES OF LOAN ADE ELECTRONICALLY)	IS, OR	\$	0.00
		qualifies for the higher itemization	threshold		
	2. TOTAL POLITICA			\$	4,575.00
	(OTHER THAN PLEI	OGES, LOANS, OR GUARAN	TEES OF LOANS)		1,010.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURE	S	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
					0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAIN G PERIOD	ED AS OF THE LAST [	DAY s	53,500.81
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTAN REPORTING PERIOD	DING LOANS AS OF T	HE \$	0.00
20/11/101/125	ENOT BY THE	(El Givino i Elvio)			0.00
.6 AFFIDAVIT					
		I swear, or affir true and correc under Title 15,	t and includes all inforn	jury, that the a	accompanying report is d to be reported by me
				K Mazow	
			Signature of Can	npaign Treasu	irer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me. by the said		. th	is the	day
		which, witness my hand and s			
		-			
Signature of officer ad	ministering oath	Printed name of officer admir	istering oath	Title of office	cer administering oath

### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

				3 of 9
17 COMMIT	EE NAME	18 Filer ID	(Ethics Com	mission Filers)
EYE PA	C of the Texas Ophthalmological Association	00016861		
	LE SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,575.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	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 CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	42.10
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTR	RIBUTIONS	5		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to comp	olete this form	i	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/9	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association	n		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 02/20/2025	5 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
		Houston, TX 77030					
8	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	9 1	Employer (See Instructions	)		
	Date 02/20/2025	Full name of contributor out-of-st Corona, Jorge (Dr.)  Contributor address; City; State; Zip Cod	tate PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75248 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Ophthalmolo			Employer (See Instructions	,		
	Date 02/20/2025	Full name of contributor out-of-st Cowan, Gary (Dr.)  Contributor address; City; State; Zip Cod	tate PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76104					
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	)		
	Date 02/20/2025	Flowers, Brian (Dr.)	tate PAC (ID#:	)		Amount of Contribution (\$)	\$30.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	I	Employer (See Instructions	)		
	Date 02/20/2025	Full name of contributor out-of-st Gicheru, Sidney (Dr.)  Contributor address; City; State; Zip Cod  Dallas, TX 75230	tate PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	)		
			l				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/9	
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 02/20/2025	5 Full name of contributor out-of-state PAC (ID#:) Gross, Robert (Dr.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
8	Principal occur	Plano, TX 75093 pation / Job title (See Instructions)	9 Employer (See Instructions	·/_		
0	Ophthalmolo		e Employer (See instructions	)		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#:_ Haley, Carl (Dr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occur	Dallas, TX 75214 pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	Ophthalmolo		Employer (See mondoners	',		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#:_ Haley, John Marshall (Dr.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Garland, TX 75042-7907				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#:_ Harris, Lindsey (Dr.)  Contributor address; City; State; Zip Code  Houston, TX 77025			Amount of Contribution (\$)	\$1,000.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	s)		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#:_ Hayhurst, Russell (Dr.)  Contributor address; City; State; Zip Code  Austin, TX 78759			Amount of Contribution (\$)	\$20.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CO	DNIRIBUTIO	DNS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/9	
2	FILER NAME	all a Tarana Calabaha la ala ala ala ala ala			3	Filer ID (Ethics Commission	n Filers)
		the Texas Ophthalmological As				00016861	
4	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#:) Hipps, William (Dr.)  Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$300.00
		Houston, TX 77074					
8	Ophthalmolo	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
			<u> </u>			A	
	Date 02/20/2025	Full name of contributor  Hu, Joshua (Dr.)	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$300.00
	02/20/2025		o Zin Codo				Φ300.00
		Contributor address; City; State	e, Zip Code				
		San Marcos, TX 78666					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Ophthalmolo	gist					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/20/2025	Hunsaker, Jerry (Dr.)					\$200.00
		Contributor address; City; State	e; Zip Code				
		Corpus Christi, TX 78411-18	321				
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>		
	Ophthalmolo	gist					
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/20/2025	Kemp, Richard (Dr.)	_				\$40.00
		Contributor address; City; State	e; Zip Code				
		Waxahachie, TX 75165					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Ophthalmolo			, , ,	•		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/20/2025	Kumar, Sanjiv (Dr.)	_				\$40.00
		Contributor address; City; State	e; Zip Code				
		LhLd- TV 70004					
	Dringing cos:	Uvalde, TX 78801	1	Employer (See Instructions	·/		
	Ophthalmolo	pation / Job title (See Instructions)		Employer (See Instructions	)		
	- Sprinkiniolo	a					

	MONEI	ARY POLITICAL CO	DNTRIBUTIO	INS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/9	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		the Texas Ophthalmological As	_			00016861	
4	Date 02/20/2025	Full name of contributor			7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions)	1	9 Employer (See Instructions			
0	Ophthalmolo			5 Employer (See manuchons	')		
	Date 02/20/2025	Full name of contributor  Miller, Aaron (Dr.)  Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$75.00
	Drincinal occu	Spring, TX 77389 pation / Job title (See Instructions)		Employer (See Instructions	, 		
	Ophthalmolo			Employer (See manuchons	')		
	Date	Full name of contributor	out-of-state PAC (ID#:_	,		Amount of Contribution (\$)	
	02/20/2025	Patel, Sanjay (Dr.)  Contributor address; City; State	-			yundun di danandun (¢)	\$50.00
		McKinney, TX 75069					
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	5)		
	Date 02/20/2025	Full name of contributor Richert, Harvey Miller (Dr.) Contributor address; City; State Abilene, TX 79601-3044	out-of-state PAC (ID#:_ e; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	)		
	Date 02/20/2025	Full name of contributor Sun, Regina (Dr.) Contributor address; City; State Houston, TX 77098	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	)		

The Instruction Guide explains how to complete this form.  1 Total pages Schedule AI: Sch: 55 Rpt: 8/9  2 FILER NAME EYE PAC of the Texas Ophthalmological Association  2 Filer ID (Ethics Commissi 00016861  4 Date	IV	MONE I	ARY POLITICAL C	ONTRIBUTIO	)NS		SCHEDUL	E <b>A1</b>
EYE PAC of the Texas Ophthalmological Association	TI	he Instru	ction Guide explains how	to complete this f	orm.	1		
4 Date 02/20/2025 Full name of contributor 02/20/2025 San Antonio, TX 78209  8 Principal occupation / Job title (See Instructions) Ophthalmologist			the Texas Onhthalmological A	Association		3		n Filers)
Trevino, Mark (Dr.)  6 Contributor address; City, State; Zip Code  San Antonio, TX 78209  8 Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Principal occupation / Job title (See Instructions) Ophthalmologist  Date Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Date Houston, TX 77005  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Date Date Houston, TX 77005  Principal occupation / Job title (See Instructions) Ophthalmologist  Date Date Date Date Date Full name of contributor O2/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Date Date Date Full name of contributor O2/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Date Full name of contributor Out-of-state PAC (ID#: Out-of-state PAC			· -			ļ_		
San Antonio, TX 78209  8  Principal occupation / Job title (See Instructions) Ophthalmologist  Date 02/20/2025			Trevino, Mark (Dr.)			ľ	Amount of Contribution (\$)	\$25.00
Ophthalmologist    Date				ate, Zip Code				
Date 02/20/2025 Full name of contributor	<b>8</b> Pr	rincipal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	5)		
O2/20/2025 Walton, William (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78216  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025 Full name of contributor	O	phthalmolo	gist					
Contributor address; City; State; Zip Code  San Antonio, TX 78216  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025  Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code  Southlake, TX 76092  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025  Full name of contributor	Da	ate	Full name of contributor	out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
San Antonio, TX 78216  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Date Houston, TX 77005  Principal occupation / Job title (See Instructions) Ophthalmologist  Date Houston, TX 77005  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025  Date Full name of contributor out-of-state PAC (ID#: O2/20/2025  Whitman, Jeffrey (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75204-2356  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date Date Date Full name of contributor out-of-state PAC (ID#: O2/20/2025  Date Date Date Full name of contributor out-of-state PAC (ID#: O2/20/2025  Date Date Full name of contributor out-of-state PAC (ID#: O2/20/2025  Date Date Full name of contributor out-of-state PAC (ID#: O2/20/2025  Date Date Full name of contributor out-of-state PAC (ID#: O2/20/2025  Date Date Full name of contributor out-of-state PAC (ID#: O2/20/2025  Employer (See Instructions)  Amount of Contribution (S)  Employer (See Instructions)	02	2/20/2025	Walton, William (Dr.)	_				\$10.00
Principal occupation / Job title (See Instructions) Ophthalmologist    Date			Contributor address; City; St	ate; Zip Code		1		
Principal occupation / Job title (See Instructions) Ophthalmologist    Date			·					
Principal occupation / Job title (See Instructions) Ophthalmologist    Date								
Date   Full name of contributor   out-of-state PAC (ID#:			San Antonio, TX 78216					
Date   Full name of contributor   out-of-state PAC (ID#:   Amount of Contribution (\$)    O2/20/2025   Warminski, Johnathan (Dr.)   Contributor address; City; State; Zip Code	Pr	rincipal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
O2/20/2025 Warminski, Johnathan (Dr.)  Contributor address; City; State; Zip Code  Southlake, TX 76092  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025 Weikert, Mitchell (Dr.)  Contributor address; City; State; Zip Code  Houston, TX 77005  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025 Whitman, Jeffrey (Dr.)  Contributor address; City; State; Zip Code  Houston, TX 77005  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025 Whitman, Jeffrey (Dr.)  Contributor address; City; State; Zip Code  Dallas, TX 75204-2356  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	0	phthalmolo	gist					
Contributor address; City; State; Zip Code  Southlake, TX 76092  Principal occupation / Job title (See Instructions) Ophthalmologist  Date 02/20/2025  Principal occupation / Meikert, Mitchell (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77005  Principal occupation / Job title (See Instructions) Ophthalmologist  Date 02/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Date 02/20/2025  Date 02/20/2025  Principal occupation / Job title (See Instructions) Ophthalmologist  Date 02/20/2025  Date 02/20/2025  Principal occupation / Job title (See Instructions)  Contributor address; City; State; Zip Code  Dallas, TX 75204-2356  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Da	ate	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions) Ophthalmologist  Date 02/20/2025 Weikert, Mitchell (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77005  Principal occupation / Job title (See Instructions) Ophthalmologist  Date 02/20/2025 Principal occupation / Job title (See Instructions) Ophthalmologist  Date 02/20/2025 Date 02/20/2025 Date 02/20/2025 Date 02/20/2025 Date 02/20/2025 Employer (See Instructions) Ophthalmologist  Amount of Contribution (\$)  Amount of Contribution (\$)  Contributor address; City; State; Zip Code  Dallas, TX 75204-2356  Principal occupation / Job title (See Instructions) Employer (See Instructions)	02	2/20/2025	Warminski, Johnathan (Dr	·.)				\$300.00
Principal occupation / Job title (See Instructions)  Ophthalmologist  Date  02/20/2025  Full name of contributor			Contributor address; City; St	ate; Zip Code		1		
Principal occupation / Job title (See Instructions)  Ophthalmologist  Date  02/20/2025  Full name of contributor								
Principal occupation / Job title (See Instructions)  Ophthalmologist  Date  02/20/2025  Full name of contributor								
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)  O2/20/2025   Weikert, Mitchell (Dr.)   Contributor address; City; State; Zip Code    Houston, TX 77005   Employer (See Instructions) Ophthalmologist   Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)  O2/20/2025   Whitman, Jeffrey (Dr.)   Contributor address; City; State; Zip Code    Dallas, TX 75204-2356   Principal occupation / Job title (See Instructions)   Employer (See Instructions)					<del> </del>			
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)    O2/20/2025   Weikert, Mitchell (Dr.)     Contributor address; City; State; Zip Code     Houston, TX 77005   Employer (See Instructions)   Ophthalmologist     Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)    O2/20/2025   Whitman, Jeffrey (Dr.)     Contributor address; City; State; Zip Code     Dallas, TX 75204-2356     Principal occupation / Job title (See Instructions)   Employer (See Instructions)				)	Employer (See Instructions	s)		
O2/20/2025 Weikert, Mitchell (Dr.)  Contributor address; City; State; Zip Code  Houston, TX 77005  Principal occupation / Job title (See Instructions) Ophthalmologist  Date O2/20/2025 Whitman, Jeffrey (Dr.)  Contributor address; City; State; Zip Code  Dallas, TX 75204-2356  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)	O	phthalmolo	gist					
Contributor address; City; State; Zip Code  Houston, TX 77005  Principal occupation / Job title (See Instructions) Ophthalmologist  Date 02/20/2025 Whitman, Jeffrey (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75204-2356  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  Contributor address; City; State; Zip Code  Dallas, TX 75204-2356  Employer (See Instructions)				out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
Houston, TX 77005  Principal occupation / Job title (See Instructions) Ophthalmologist  Date   Full name of contributor   out-of-state PAC (ID#:) Amount of Contribution (\$) 02/20/2025   Whitman, Jeffrey (Dr.)   Contributor address; City; State; Zip Code    Dallas, TX 75204-2356     Principal occupation / Job title (See Instructions)   Employer (See Instructions)	02	2/20/2025	Weikert, Mitchell (Dr.)					\$50.00
Principal occupation / Job title (See Instructions)  Ophthalmologist  Date  Date  O2/20/2025  Whitman, Jeffrey (Dr.)  Contributor address; City; State; Zip Code  Dallas, TX 75204-2356  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  Contributor (\$)			Contributor address; City; St	ate; Zip Code		]		
Principal occupation / Job title (See Instructions)  Ophthalmologist  Date  Date  O2/20/2025  Whitman, Jeffrey (Dr.)  Contributor address; City; State; Zip Code  Dallas, TX 75204-2356  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  Contributor (\$)								
Principal occupation / Job title (See Instructions)  Ophthalmologist  Date  Date  O2/20/2025  Whitman, Jeffrey (Dr.)  Contributor address; City; State; Zip Code  Dallas, TX 75204-2356  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  Contributor (\$)			11					
Ophthalmologist  Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  02/20/2025 Whitman, Jeffrey (Dr.)  Contributor address; City; State; Zip Code  Dallas, TX 75204-2356  Principal occupation / Job title (See Instructions) Employer (See Instructions)					T = 1 /0 1 1 11	Ĺ		
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)  02/20/2025   Whitman, Jeffrey (Dr.)    Contributor address; City; State; Zip Code    Dallas, TX 75204-2356    Principal occupation / Job title (See Instructions)   Employer (See Instructions)				)	Employer (See Instructions	5)		
02/20/2025 Whitman, Jeffrey (Dr.)  Contributor address; City; State; Zip Code  Dallas, TX 75204-2356  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	<u> </u>	phinaimoid				_		
Contributor address; City; State; Zip Code  Dallas, TX 75204-2356  Principal occupation / Job title (See Instructions)  Employer (See Instructions)				out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
Dallas, TX 75204-2356  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	02	2/20/2025	Whitman, Jeffrey (Dr.)					\$200.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Contributor address; City; St	ate; Zip Code				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)								
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			D-II TV 75004 0050					
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Орпиналноюдія				)	Employer (See Instructions	5)		
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### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

	MADE FROM POLITICAL CONTRIBUTIONS						
		The Instruction Guide explains how to complete this form.					
1	Total pages Schedule I: Sch: 1/1 Rpt: 9/9	2 FILER NAME EYE PAC of the Texas Ophthalmological Association  3 Filer ID (Ethics Commission Filers) 00016861					
4	Date 02/12/2025	5 Payee name Affinipay.com					
8	Amount (\$)  31.03  Expenditure from corporate funds  PURPOSE	7 Payee Address; City; State; Zip 30-30 47th Ave 9th Floor Long Island City, NY 11101  (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)					
0	OF EXPENDITURE	Accounting/Banking merchant fees					
	Date 02/12/2025	Payee name American Express Establishment Services					
	Amount (\$)  11.07  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 fees					