

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016861		2 Total pages filed: 9	
3 COMMITTEE NAME EYE PAC of the Texas Ophthalmological Association				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/02/2025  Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St., Ste. 825 Ste. 825 Austin, TX 78701-1667				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Mark  NICKNAME LAST SUFFIX Mazow				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7777 Forest Lane, Suite C-710  Dallas, TX 75230				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 West 15th Street, Suite 825  Austin, TX 78701				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 566-2020				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input checked="" type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 02/26/2025    03/25/2025				

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# 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
<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.)	
	<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
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,895.00
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 62,428.80
<b>OUTSTANDING LOAN TOTALS</b>	<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

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 9

<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> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,895.00
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	\$ 1,027.01
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: 1/5 Rpt: 4/9
<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 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arciniega, Juan (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78552	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blieden, Lauren (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corona, Jorge (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Gary (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dharma, Shashi (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063	Amount of Contribution (\$)  \$250.00
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: 2/5 Rpt: 5/9
<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 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flowers, Brian (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76102	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Carl (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, John Marshall (Dr.) <hr/> Contributor address; City; State; Zip Code  Garland, TX 75042-7907	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunsaker, Jerry (Dr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-1821	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code  Waxahachie, TX 75165	Amount of Contribution (\$)  \$40.00
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: 3/5 Rpt: 6/9
<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 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Sanjiv (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Uvalde, TX 78801	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Chevy (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78503-1232	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Mark (Dr.) <hr/> Contributor address; City; State; Zip Code  Byran, TX 77802-2504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalf, Priscilla (Dr.) <hr/> Contributor address; City; State; Zip Code  Wharton, TX 77488	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Aaron (Dr.) <hr/> Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$75.00
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: 4/5 Rpt: 7/9
<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 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muirhead, J. Thomas (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Judson, TX 75660	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Sanjay (Dr.) <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75069	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Harvey Miller (Dr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79601-3044	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sun, Regina (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Mark (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$25.00
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: 5/5 Rpt: 8/9
<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 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, William (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Ophthalmologist		<b>9</b> Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weikert, Mitchell (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weikert, Mitchell (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Jeffrey (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75204-2356	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Chase (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 1/1 Rpt: 9/9	<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 03/12/2025	<b>5</b> Payee name Affinipay.com	
<b>6</b> Amount (\$)  30.94 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 30-30 47th Ave 9th Floor Long Island City, NY 11101	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) merchant fee
Date 03/12/2025	Payee name Allman & Associates	
Amount (\$)  985.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 9600 Great Hills Trl Ste 150W Austin, TX 78759	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) tax return preparation
Date 03/12/2025	Payee name American Express Establishment Services	
Amount (\$)  11.07 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 53852  Phoenix, AZ 85072-3852	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) merchant fee