MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC **COVER SHEET PG 1**

			1 Filer ID	2 Total pages filed:	
The M	The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 2 1				
3 CC	OMMITTEE NAME		-	OFFICE USE ONLY	
E	YE PAC of the Te	exas Ophthalmological Association		Date Received	
				06/02/2025	
	OMMITTEE DDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP		
		401 W. 15th St., Ste. 825			
		Ste. 825			
		Austin, TX 78701-1667		Date Hand-delivered or Date Postmarked	
	AMPAIGN REASURER	MS / MRS / MR FIRST	MI		
	AME	Dr. Mark		Receipt # Amount	
		NICKNAME LAST	SU	Date Processed FFIX	
		Mazow		Date Imaged	
		Mazow		Date imaged	
6 0/	AMPAIGN	STREET ADDRESS (NO PO BOX PLEASE	; APT / SUITE #; CITY;	STATE: ZIP CODE	
	REASURER	7777 Forest Lane, Suite C-710	λ , ALL SOLL π , CLL,		
	TREET DDRESS	TTTT Forest Lane, Suite C-T10			
	esidence or Business)				
		Dallas, TX 75230			
		STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE	
	REASURER AILING	401 West 15th Street, Suite 825			
AD	ADDRESS				
		Austin, TX 78701			
	AMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
	REASURER HONE	(972) 566-2020			
	IONE	(372) 333 2323			
9 RE	EPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)	
			L treasurer termination		
	EPORT FILING EADLINE	January 5 Apr	il 5 🛛 July 5	October 5	
		February 5 Ma	y 5 August 5	November 5	
		March 5 X Jur	e 5 September	5 December 5	
		Month Day Year	THROUGH Mo	-	
	OVERED	04/26/2025	05/	/25/2025	
		GO	TO PAGE 2		
Forms	s provided by Tex	as Ethics Commission www.	ethics.state.tx.us	Version V4.1.0.e02d6221	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

		13 Filer II		
			00016	1980
14 COMMITTEE ACTIVITY	1. 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		
	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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$.000
	2. TOTAL POLITICA		\$	1.1.15.00
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)	Į [‡]	1,145.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0 .00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST	T DAY	73,074.86
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	1		I	
		l swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
			ark Mazow	
		Signature of C	ampaign Tr	reasurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	,	this the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title o	f officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.e02d6221

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 8

17 COMMITTEE NAME18 Filer ID(EEYE PAC of the Texas Ophthalmological Association00016861			(Ethics Commission Filers)	
19 SCHEDUL	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT	
1. X	\$ 1,145.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO		\$	
4.	ORGANIZATION	NR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR 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 CONTRIBUTIONS	5	\$	
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 CONTRIBUTIO	DNS	\$ 41.98	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F 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: 1/4 Rpt: 4/8
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
EYE PAC of	the Texas Ophthalmological Association		00016861
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/20/2025	Corona, Jorge (Dr.)		\$100.0
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75248		
8 Principal occur		9 Employer (See Instructions	<u> </u>
Ophthalmolog			')
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/20/2025	Cowan, Gary (Dr.)		\$100.0
	I		
	Fort Worth, TX 76104		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Ophthalmolog	gist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/20/2025	Flowers, Brian (Dr.)		\$30.0
	Contributor address; City; State; Zip Code		
	l		
	Fort Worth, TX 76102		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Ophthalmolog			7
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/20/2025	Haley, Carl (Dr.)	/	\$25.0
	Contributor address; City; State; Zip Code		
	l		
	Dallas, TX 75214		
	pation / Job title (See Instructions)	Employer (See Instructions	
Ophthalmolog	gist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/20/2025	Haley, John Marshall (Dr.)		\$50.0
1	Contributor address; City; State; Zip Code		
1			
	Garland, TX 75042-7907		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Ophthalmolog			7
	9.01	<u> </u>	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/8
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	f the Texas Ophthalmological Association		00016861
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/20/2025	Hunsaker, Jerry (Dr.)		\$200.00
	6 Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78411-1821		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Ophthalmolo	ogist		
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/20/2025	Kemp, Richard (Dr.)		\$40.00
	Waxahachie, TX 75165		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Ophthalmolo	ogist		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/20/2025	Kumar, Sanjiv (Dr.)		\$40.00
	Contributor address; City; State; Zip Code		
	Uvalde, TX 78801		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Ophthalmolo	ogist		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/20/2025	Miller, Aaron (Dr.)		\$75.00
	Contributor address; City; State; Zip Code		
	Spring, TX 77389		
-	upation / Job title (See Instructions)	Employer (See Instructions)	i)
Ophthalmolo	ogist		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/20/2025	Patel, Sanjay (Dr.)		\$50.00
	Contributor address; City; State; Zip Code		
	McKinney, TX 75069		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Ophthalmolo	ogist		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/8	
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	EYE PAC of	the Texas Ophthalmological Association			00016861	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/20/2025	Richert, Harvey Miller (Dr.)				\$100.00
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ					
Ļ		Abilene, TX 79601-3044				
8			9 Employer (See Instructions	5)		
	Ophthalmolo	-		_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/20/2025	Sun, Regina (Dr.)				\$50.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77098				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Ophthalmolo			5)		
╞				Τ	Amount of Contribution (¢)	
	Date 05/20/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	05/20/2025	Trevino, Mark (Dr.)		ł		φ20.00
		Contributor address; City; State; Zip Code				
	ſ					
		San Antonio, TX 78209				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Ophthalmolo	,gist				
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/20/2025	Walton, William (Dr.)				\$10.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		San Antonio, TX 78216				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Ophthalmolo	gist				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	05/20/2025	Weikert, Mitchell (Dr.)				\$50.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Houston, TX 77005				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Ophthalmolo	gist	<u> </u>			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/4 Rpt: 7/8 3 Filer ID (Ethics Commission Filers) 2 FILER NAME EYE PAC of the Texas Ophthalmological Association 00016861 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 05/20/2025 Whitman, Jeffrey (Dr.) \$200.00 6 Contributor address; City; State; Zip Code Dallas, TX 75204-2356 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Ophthalmologist

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The Instruction Guide explains how to complete this form.				
. Total pages Schedule I: Sch: 1/1 Rpt: 8/8	2 FILER NAME 3 Filer ID (Ethics Commission Filers 00016861 EYE PAC of the Texas Ophthalmological Association 00016861			
Date 05/14/2025	5 Payee name Affinipay.com			
Amount (\$) 30.91 Expenditure from corporate funds	7 Payee Address; City; State; Zip 30-30 47th Ave 9th Floor Long Island City, NY 11101			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required merchant fees Accounting/Banking merchant fees			
Date 05/13/2025	Payee name American Express Establishment Services			
Amount (\$) 11.07 Expenditure from	Payee Address; City; State; Zip PO Box 53852			
Corporate funds PURPOSE OF EXPENDITURE	Phoenix, AZ 85072-3852 (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required merchant fees			