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** 07/03/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 W. 15th St., Ste. 825 Ste. 825 Austin, TX 78701-1667 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **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** 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 X July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 05/26/2025 06/25/2025

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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		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	A. Supported		
	Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	2. Officeholders			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	1		i	
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA			
	(OTHER THAN PLE	OGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,135.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
.6 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	erjury, that the a	accompanying report is d to be reported by me
		Dr Mai	rk Mazow	
		Signature of Ca		ırer
AFFIX NOTA	RY STAMP / SEAL ABOVE	orginal of or	pa.g.r r oacc	
		, t	his the	day
ot	, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 7
17 COMMITTEE NAME EYE PAC of the Texas Ophthalmological Ass	sociation	18 Filer ID 00016861	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. X SCHEDULE A1: MONETARY POLIT	ICAL CONTRIBUTIONS		\$ 1,135.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIE	UTIONS		\$
4. SCHEDULE C1: MONETARY CONT ORGANIZATION	RIBUTIONS FROM CORPORATION OR LABC)R	\$
5. SCHEDULE C2: NON-MONETARY (LABOR ORGANIZATION	IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPP	ORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY S	SUPPORT FROM CORPORATION OR LABOR	!	\$
8. SCHEDULE D: PLEDGED CONTRIE	UTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS			\$
10. SCHEDULE F1: POLITICAL EXPEN	DITURES FROM POLITICAL CONTRIBUTION:	S	\$
11. SCHEDULE F2: UNPAID INCURREI	OOBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INV	ESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES M	ADE BY CREDIT CARD		\$
14. X SCHEDULE I: NON-POLITICAL EXP	ENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 42.00
15. SCHEDULE K: INTEREST, CREDITS	, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$

	MONEI	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULI	E A1
	The Instru	he Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/7	
2	FILER NAME EYE PAC of	the Texas Ophthalmological	Association		3	Filer ID (Ethics Commission 00016861	n Filers)
4	Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#:) Corona, Jorge (Dr.) 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75248					
8	Principal occu Ophthalmolo	pation / Job title (See Instructions ogist	;)	9 Employer (See Instructions	s)		
	Date 06/20/2025	Full name of contributor Cowan, Gary (Dr.) Contributor address; City; Si	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$100.00
	Principal occu Ophthalmolo	Fort Worth, TX 76104 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> S)		
	Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:) Flowers, Brian (Dr.) Contributor address; City; State; Zip Code			-	Amount of Contribution (\$)	\$30.00
		pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Ophthalmolo Date 06/20/2025	Full name of contributor Haley, Carl (Dr.) Contributor address; City; Si Dallas, TX 75214				Amount of Contribution (\$)	\$25.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 06/20/2025	Full name of contributor Haley, John Marshall (Dr. Contributor address; City; St				Amount of Contribution (\$)	\$50.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions ogist	s)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO)NS		SCHEDUL	E A1
	The Instru	e Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/7	
2	FILER NAME EYE PAC of	the Texas Ophthalmological	Association		3	Filer ID (Ethics Commission 00016861	า Filers)
4	Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#:) Hunsaker, Jerry (Dr.) 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$200.00
•	Dringing Loop	Corpus Christi, TX 78411		6 Employer/Coo Instructions	<u></u>		
8	Ophthalmolo	pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
	Date 06/20/2025	Full name of contributor Kemp, Richard (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$40.00
	Principal occu	Waxahachie, TX 75165 upation / Job title (See Instructions	<u> </u>	Employer (See Instructions	 s)		
	Ophthalmolo			- 1-2-7			
	Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:) Kumar, Sanjiv (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00	
	Uvalde, TX 78801						
	Principal occu Ophthalmolo	upation / Job title (See Instructions ogist	;)	Employer (See Instructions	5)		
	Date 06/20/2025	Full name of contributor Miller, Aaron (Dr.) Contributor address; City; St Spring, TX 77389				Amount of Contribution (\$)	\$75.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions	;)	Employer (See Instructions	<u>1 </u>		
	Date 06/20/2025	Full name of contributor Patel, Sanjay (Dr.) Contributor address; City; St McKinney, TX 75069	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions	;)	Employer (See Instructions	<u>. </u>		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 3/3 Rpt: 6/7		
2	FILER NAME EYE PAC of	the Texas Ophthalmological Association			3	Filer ID (Ethics Commission 00016861	n Filers)	
4	Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$100.00		
8	Principal occu	Abilene, TX 79601-3044 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)			
	Ophthalmolo			, , ,				
	Date 06/20/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00	
	Principal occu	Houston, TX 77098 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	Ophthalmolo				,			
	Date 06/20/2025				Amount of Contribution (\$)	\$25.00		
		San Antonio, TX 78209						
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	s)			
	Date 06/20/2025	Full name of contributor out-of-state PA Weikert, Mitchell (Dr.) Contributor address; City; State; Zip Code Houston, TX 77005)		Amount of Contribution (\$)	\$50.00	
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist		Employer (See Instructions	5)			
	Date 06/20/2025	Full name of contributor out-of-state PA Whitman, Jeffrey (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75204-2356	AC (ID#:			Amount of Contribution (\$)	\$200.00	
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	5)			
			1					

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: 7/7	2 FILER NAME EYE PAC of the Texas Ophthalmological Association 3 Filer ID (Ethics Commission Filers) 00016861			
4 Date 06/11/2025	5 Payee name Affinipay.com			
6 Amount (\$) 30.93 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 06/12/2025	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 fee			
	·			