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: 20

3 COMMITTEE NAME
EYE PAC of the Texas Ophthalmological Association

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
11/03/2025

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: Dr.
FIRST: Steven
MI:
NICKNAME:
LAST: McKinley
SUFFIX:

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3300 W. Anderson Lane
Ste. 308
Austin, TX 78757

7 CAMPAIGN TREASURER MAILING ADDRESS
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
111 E. 17th Street
Box 12841
Austin, TX 78711

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 454-8744

9 REPORT TYPE
- [X] Monthly
- [ ] 10th day after campaign treasurer termination
- [ ] Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE
- [ ] January 5
- [ ] February 5
- [ ] March 5
- [ ] April 5
- [ ] May 5
- [ ] June 5
- [ ] July 5
- [ ] August 5
- [ ] September 5
- [ ] October 5
- [X] November 5
- [ ] December 5

11 PERIOD COVERED
Month Day Year: 09/26/2025
THROUGH
Month Day Year: 10/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
EYE PAC of the Texas Ophthalmological Association	00016861

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.)	Sen. Donna Campbell State Senator

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ 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)	$ 8,485.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 19,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 56,097.09
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. Steven McKinley

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

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
EYE PAC of the Texas Ophthalmological Association	00016861

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.)	Rep. David Cook State Representative
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.)	Rep. Todd Hunter State Representative
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.)	Rep. Ann Johnson State Representative

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC
ADDENDUM

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
EYE PAC of the Texas Ophthalmological Association	00016861

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.)	Rep. Tom Oliverson State Representative
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.)	Sen. Charles Schwertner State Senator
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.)	Rep. Matt Shaheen State Representative

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC
ADDENDUM

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
EYE PAC of the Texas Ophthalmological Association	00016861

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.)	Sen. Kevin Sparks State Senator
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.)	Rep. Denise Villalobos State Representative
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.)	Sen. Judith Zaffirini State Senator

MONTHLY FILING GPAC REPORT: PURPOSE

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
EYE PAC of the Texas Ophthalmological Association	00016861

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 Ms. Pooja Sethi State Representative
		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.)	

SUBTOTALS - MPAC

FORM MPAC
COVER SHEET PG 3

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
EYE PAC of the Texas Ophthalmological Association	00016861

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 8,485.00
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$**
4.	[ ]	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
5.	[ ]	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
6.	[ ]	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
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	**$**
10.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 19,000.00
11.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
12.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
13.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
14.	[X]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 82.76
15.	[ ]	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: 1/8 Rpt: 8/20

2 FILER NAME: EYE PAC of the Texas Ophthalmological Association

3 Filer ID (Ethics Commission Filers): 00016861

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/20/2025	Bishop, John (Dr.)	$100.00
	6 Contributor address; City; State; Zip Code: Corpus Christi, TX 78412	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Boren, Carol (Dr.)	$150.00
	Contributor address; City; State; Zip Code: Stephenville, TX 76401	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Corona, Jorge (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Dallas, TX 75248	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Cowan, Gary (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76104	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Edmond, Jane (Dr.)	$300.00
	Contributor address; City; State; Zip Code: Austin, TX 78712	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/8 Rpt: 9/20

2 FILER NAME: EYE PAC of the Texas Ophthalmological Association

3 Filer ID (Ethics Commission Filers): 00016861

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/20/2025	Fish, Gary (Dr.)	$300.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75230	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/20/2025	Fish, Susan (Dr.)	$400.00
	Contributor address; City; State; Zip Code: The Woodlands, TX 77380	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/20/2025	Flowers, Brian (Dr.)	$30.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76102	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/20/2025	Freedman, Lyle (Dr.)	$300.00
	Contributor address; City; State; Zip Code: Burleson, TX 76028	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/20/2025	Haley, Carl (Dr.)	$25.00
	Contributor address; City; State; Zip Code: Dallas, TX 75214	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/8 Rpt: 10/20

2 FILER NAME
EYE PAC of the Texas Ophthalmological Association

3 Filer ID (Ethics Commission Filers)
00016861

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/20/2025	Haley, John Marshall (Dr.) Garland, TX 75042-7907	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	Hammons, Matthew (Dr.) Fort Worth, TX 76104	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	Hayhurst, Russell (Dr.) Austin, TX 78759	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	Hunsaker, Jerry (Dr.) Corpus Christi, TX 78411-1821	$200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	Hunt, Michael (Dr.) Fort Worth, TX 76104	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/8 Rpt: 11/20

2 FILER NAME: EYE PAC of the Texas Ophthalmological Association

3 Filer ID (Ethics Commission Filers): 00016861

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/20/2025	Hunter, Jeffrey (Dr.)	$50.00
	6 Contributor address; City; State; Zip Code: Nashville, TN 37323	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Johnson, Daniel (Dr.)	$100.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	KUMAR, SANJIV (Dr.)	$300.00
	Contributor address; City; State; Zip Code: Uvalde, TX 78801	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Kemp, Richard (Dr.)	$40.00
	Contributor address; City; State; Zip Code: Waxahachie, TX 75165	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Kerr, Kevin (Dr.)	$300.00
	Contributor address; City; State; Zip Code: Stephenville, TX 76401	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/8 Rpt: 12/20

2 FILER NAME: EYE PAC of the Texas Ophthalmological Association

3 Filer ID (Ethics Commission Filers): 00016861

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/20/2025	Kerr, Trevor (Dr.)	$300.00
	6 Contributor address; City; State; Zip Code: Stephenville, TX 76401	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Kumar, Sanjiv (Dr.)	$40.00
	Contributor address; City; State; Zip Code: Uvalde, TX 78801	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Lin, Linda (Dr.)	$300.00
	Contributor address; City; State; Zip Code: Conroe, TX 77304	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Longo, Marc (Dr.)	$300.00
	Contributor address; City; State; Zip Code: Houston, TX 77063	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Mazow, Mark (Dr.)	$500.00
	Contributor address; City; State; Zip Code: Dallas, TX 75230	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 6/8 Rpt: 13/20

2 FILER NAME: EYE PAC of the Texas Ophthalmological Association

3 Filer ID (Ethics Commission Filers): 00016861

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/20/2025	McKinley, Steven (Dr.)	$300.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78757	
8 Principal occupation / Job title (See Instructions): Ophthalmologist	**9** Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	McKinley, Steven (Dr.)	$700.00
	Contributor address; City; State; Zip Code: Austin, TX 78731	
Principal occupation / Job title (See Instructions): Ophthalmologist	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Miller, Aaron (Dr.)	$75.00
	Contributor address; City; State; Zip Code: Spring, TX 77389	
Principal occupation / Job title (See Instructions): Ophthalmologist	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Patel, Sanjay (Dr.)	$50.00
	Contributor address; City; State; Zip Code: McKinney, TX 75069	
Principal occupation / Job title (See Instructions): Ophthalmologist	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Pluenneke, Anne (Dr.)	$300.00
	Contributor address; City; State; Zip Code: Fredericksburg, TX 78624	
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: 7/8 Rpt: 14/20

2 FILER NAME: EYE PAC of the Texas Ophthalmological Association

3 Filer ID (Ethics Commission Filers): 00016861

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/20/2025	Richert, H. Miller (Dr.)	$100.00
	6 Contributor address; City; State; Zip Code: Abilene, TX 79601-3044	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Somogyi, Marie (Dr.)	$300.00
	Contributor address; City; State; Zip Code: Austin, TX 78758	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Strong, Bradley (Dr.)	$750.00
	Contributor address; City; State; Zip Code: Dallas, TX 75205	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Sun, Regina (Dr.)	$50.00
	Contributor address; City; State; Zip Code: Houston, TX 77098	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Trevino, Mark (Dr.)	$25.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78209	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 8/8 Rpt: 15/20

2 FILER NAME: EYE PAC of the Texas Ophthalmological Association

3 Filer ID (Ethics Commission Filers): 00016861

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/20/2025	☐ out-of-state PAC (ID#:_____) Weikert, Mitchell (Dr.) Houston, TX 77005	$50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	☐ out-of-state PAC (ID#:_____) Whitman, Jeffrey (Dr.) Dallas, TX 75204-2356	$200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	☐ out-of-state PAC (ID#:_____) Whitman, Jeffrey (Dr.) Dallas, TX 75243	$300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/20/2025	☐ out-of-state PAC (ID#:_____) Whitney, Clayton (Dr.) Tyler, TX 75701	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Ophthalmologist	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 16/20	EYE PAC of the Texas Ophthalmological Association	00016861

4 Date	5 Payee name
10/09/2025	Campbell, Donna (Sen.)

6 Amount ($)	7 Payee address; City; State; Zip Code
$2,500.00	1319 Mary Cove
☐ Expenditure from corporate funds	New Braunfels, TX 78130

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/08/2025	Cook, David (Rep.)

Amount ($)	Payee address; City; State; Zip Code
$2,500.00	309 E. Broad Street
☐ Expenditure from corporate funds	Mansfield, TX 76063

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign contributions

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/03/2025	Hunter , Todd (Rep.)

Amount ($)	Payee address; City; State; Zip Code
$2,000.00	445 Cape Henry
☐ Expenditure from corporate funds	Corpus Christi, TX 78412

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 17/20	EYE PAC of the Texas Ophthalmological Association	00016861

4 Date	5 Payee name
10/08/2025	Johnson, Ann (Rep.)

6 Amount ($)	7 Payee address; City; State; Zip Code
$2,000.00	P.O. Box 56386
☐ Expenditure from corporate funds	Houston, TX 77256

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/10/2025	Oliverson M.D., Tom (Rep.)

Amount ($)	Payee address; City; State; Zip Code
$2,000.00	1 E Greenway Plaza Ste 225
☐ Expenditure from corporate funds	Houston, TX 77046

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/15/2025	Schwertner, Charles (Sen.)

Amount ($)	Payee address; City; State; Zip Code
$2,000.00	PO Box 2448
☐ Expenditure from corporate funds	Georgetown, TX 78627

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 18/20	EYE PAC of the Texas Ophthalmological Association	00016861

4 Date	5 Payee name
10/08/2025	Sethi, Pooja (Ms.)

6 Amount ($)	7 Payee address; City; State; Zip Code
$500.00	4321 House of York
☐ Expenditure from corporate funds	Austin, TX 78730

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/09/2025	Shaheen, Matt (Rep.)

Amount ($)	Payee address; City; State; Zip Code
$1,000.00	3917 Malton Dr.
☐ Expenditure from corporate funds	Plano, TX 75025

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/16/2025	Sparks, Kevin (Sen.)

Amount ($)	Payee address; City; State; Zip Code
$1,000.00	2600 Mockingbird
☐ Expenditure from corporate funds	Midland, TX 79705

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 19/20	EYE PAC of the Texas Ophthalmological Association	00016861

4 Date	5 Payee name
10/03/2025	Villalobos, Denise (Rep.)

6 Amount ($)	7 Payee address; City; State; Zip Code
$1,000.00	10330 Kingsbury Dr
☐ Expenditure from corporate funds	Corpus Christi, TX 78410

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/09/2025	Zaffirini, Judith (Sen.)

Amount ($)	Payee address; City; State; Zip Code
$2,500.00	PO Box 627
☐ Expenditure from corporate funds	Larado , TX 78042

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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	5 Payee name
10/16/2025	Affinipay.com
6 Amount ($) 31.18 ☐ 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)	(b) Description (See instructions regarding type of information required.)
	Accounting/Banking	merchant fees

Date	Payee name
10/16/2025	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)	(b) Description (See instructions regarding type of information required.)
	Accounting/Banking	merchant fees

Date	Payee name
10/08/2025	Intuit, Inc
Amount ($) 40.51 ☐ Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Avenue Mountain View, CA 94043

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Accounting/Banking	accounting software