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** 11/03/2025 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. Steven NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged McKinley CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3300 W. Anderson Lane STREET **ADDRESS** Ste. 308 (Residence or Business) Austin, TX 78757 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 111 E. 17th Street MAILING **ADDRESS** Box 12841 Austin, TX 78711 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 454-8744 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 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2025 10/25/2025

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME		ciation.	13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas	Opnthalmological Asso	ciation	0001686	1
4 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 Monguros	A. Supported		
	2. Measures (Describe by date and location of election and nature of issue.)	л. Зарропеа		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Sen. Donna Campbell State S	Senator	
	1			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,485.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	19,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	56,097.09
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	I			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Dr. Steve	n McKinley	
		Signature of Ca	mpaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, t	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad		Printed name of officer administering oath		ficer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

lentify by name or, if plicable, classify by party.)	A. Supported		13 Filer ID 00016861	(Ethics Commission Filers)
Candidates lentify by name or, if plicable, classify by party.)	A. Supported		00016861	
lentify by name or, if plicable, classify by party.)				
	B. Opposed			
Measures	A. Supported			
escribe by date and cation of election and lture of issue.)				
	B. Opposed			
Officeholders Assisted lentify by name or, if		Rep. David Cook State Represe	ntative	
Candidates lentify by name or, if plicable, classify by party.)				
	B. Opposed			
Measures escribe by date and cation of election and lature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted lentify by name or, if plicable, classify by party.)		Rep. Todd Hunter State Represe	entative	
lentify by name or, if plicable, classify by party.)				
	B. Opposed			
escribe by date and cation of election and	A. Supported			
ŕ	B. Opposed			
Officeholders Assisted lentify by name or, if		Rep. Ann Johnson State Repres	sentative	
le p le p le catt	Assisted entify by name or, if elicable, classify by party.) Candidates entify by name or, if elicable, classify by party.) Measures scribe by date and entify by name or, if elicable, classify by party.) Officeholders Assisted entify by name or, if elicable, classify by party.) Candidates entify by name or, if elicable, classify by party.) Measures entify by name or, if elicable, classify by party.) Officeholders entify by name or, if elicable, classify by party.)	Assisted entify by name or, if elicable, classify by party.) Candidates entify by name or, if elicable, classify by party.) B. Opposed Measures escribe by date and attion of election and are of issue.) Candidates entify by name or, if elicable, classify by party.) Candidates entify by name or, if elicable, classify by party.) B. Opposed A. Supported entify by name or, if elicable, classify by party.) Candidates entify by name or, if elicable, classify by party.) B. Opposed Measures escribe by date and attion of election and are of issue.) A. Supported election and are of issue.) B. Opposed	Assisted nitify by name or, if licable, classify by party.) B. Opposed Measures scribe by date and tition of election and re of issue.) Candidates nitify by name or, if licable, classify by party.) B. Opposed Rep. Todd Hunter State Repress Assisted nitify by name or, if licable, classify by party.) Candidates nitify by name or, if licable, classify by party.) B. Opposed A. Supported Rep. Todd Hunter State Repress Assisted nitify by name or, if licable, classify by party.) B. Opposed A. Supported Rep. Todd Hunter State Repress Assisted nitify by name or, if licable, classify by party.) B. Opposed Measures scribe by date and tition of election and are of issue.) B. Opposed Rep. Ann Johnson State Repress Assisted nitify by name or, if	Assisted nitly by name or, if licable, classify by party.) A. Supported B. Opposed Measures scribe by date and ition of election and irre of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed Candidates nitify by name or, if licable, classify by party.) B. Opposed B. Opposed A. Supported B. Opposed

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 4 of 20
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas Op				00016861	
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.)		Rep. Tom Oliverson State Repre	esentative	
COMMITTEE ACTIVITY	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Charles Schwertner State	Senator	
COMMITTEE ACTIVITY	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Matt Shaheen State Repre	esentative	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 5 of 20
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
EYE PAC of the Texas Op	hthalmological Asso	ciation		00016861	
14 COMMITTEE ACTIVITY	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))	Sen. Kevin Sparks State Senato)r	
COMMITTEE ACTIVITY	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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Denise Villalobos State Re	presentative	
COMMITTEE ACTIVITY	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			
	2. Office holders		C. J. P. T. Waiting Courts Courts		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. Judith Zaffirini State Senat	or	

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 6 of 20 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) EYE PAC of the Texas Ophthalmological Association 00016861 14 COMMITTEE 1. Candidates A. Supported Ms. Pooja Sethi State Representative **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				7 of 20			
17 COMMITT	EE NAME	18 Filer ID	(Ethics Cor	mmission Filers)			
EYE PAC	of the Texas Ophthalmological Association	00016861					
	E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,485.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$				
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION						
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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	19,000.00			
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	\$	82.76			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL CONTRIBU	TIOI	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	nis fo	rm.	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 00016861	n Filers)
4	Date 10/20/2025	 Full name of contributor out-of-state PAC Bishop, John (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Corpus Christi, TX 78412 pation / Job title (See Instructions)	ا	Employer (See Instructions	رد 		
Ŭ	Ophthalmolo			Employer (dee mandenone	,,		
	Date 10/20/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
	Principal occu	Stephenville, TX 76401 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Ophthalmologist						
	Date 10/20/2025	Full name of contributor uut-of-state PAC Corona, Jorge (Dr.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75248					
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	5)		
	Date 10/20/2025	Full name of contributor out-of-state PAC Cowan, Gary (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104)		Amount of Contribution (\$)	\$100.00
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist		Employer (See Instructions	5)		
	Date 10/20/2025	Full name of contributor out-of-state PAC Edmond, Jane (Dr.) Contributor address; City; State; Zip Code Austin, TX 78712	(ID#:)		Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist	T	Employer (See Instructions	5)		
			· ·				

	MONEI	ARY POLITICAL CONTRIB	BUTIC	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this f	orm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 9/20	
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#:)				Amount of Contribution (\$)	
	10/20/2025	Fish, Gary (Dr.)				\$300.00	
		6 Contributor address; City; State; Zip Code Dallas, TX 75230					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
•	Ophthalmolo			2 Improyor (coo meadeache	,		
	Date	Full name of contributor out-of-state F	DAC (ID#:)		Amount of Contribution (\$)	
	10/20/2025	Fish, Susan (Dr.)	PAC (ID#	J		Amount of Contribution (4)	\$400.00
	10/20/2020	Contributor address; City; State; Zip Code					Ψ-100.00
	Dringing con	The Woodlands, TX 77380		Employer (See Instructions	·/		
	Ophthalmolo	pation / Job title (See Instructions)		Employer (See Instructions	')		
						A (O ' L . ' (b)	
	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	ቀ20 00
	10/20/2025	Flowers, Brian (Dr.)					\$30.00
		Contributor address; City; State; Zip Code					
		Fort Worth, TX 76102					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Ophthalmolo	gist					
	Date	Full name of contributor out-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	10/20/2025	Freedman, Lyle (Dr.)					\$300.00
		Contributor address; City; State; Zip Code					
		Burleson, TX 76028					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Ophthalmolo	gist					
	Date	Full name of contributor ut-of-state F	PAC (ID#:_)		Amount of Contribution (\$)	
	10/20/2025	Haley, Carl (Dr.)					\$25.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75214					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Ophthalmolo	gist					

	MONEI	ARY POLITICAL (CONTRIBUTIO)NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 10/20	
2	FILER NAME	the Taylor Outlibe due also vised	A i - 4i		3	Filer ID (Ethics Commission	n Filers)
		the Texas Ophthalmological			L	00016861	
4	Date 10/20/2025	5 Full name of contributor Haley, John Marshall (Dr.6 Contributor address; City; S	·)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Garland, TX 75042-7907 pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u>;)</u>		
Ü	Ophthalmolo		''	Employer (occ mandenons	,,		
	Date 10/20/2025	Full name of contributor Hammons, Matthew (Dr.) Contributor address; City; S Fort Worth, TX 76104	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$300.00
_	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Ophthalmolo		,		,		
	Date 10/20/2025	Full name of contributor Hayhurst, Russell (Dr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$300.00
		Austin, TX 78759					
	Principal occu Ophthalmolo	pation / Job title (See Instructions gist	5)	Employer (See Instructions	s)		
	Date 10/20/2025	Full name of contributor Hunsaker, Jerry (Dr.) Contributor address; City; S Corpus Christi, TX 78411				Amount of Contribution (\$)	\$200.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 10/20/2025	Full name of contributor Hunt, Michael (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions gist	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS .		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 11/20	
2	FILER NAME	the Taylor Orbital pales in all A			3	Filer ID (Ethics Commission	n Filers)
_		the Texas Ophthalmological A			Ļ	00016861	
4	Date 10/20/2025	5 Full name of contributor Hunter, Jeffrey (Dr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$50.00
		Nashville, TN 37323					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Ophthalmolo	gist					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/20/2025	Johnson, Daniel (Dr.)					\$100.00
		Contributor address; City; Sta	ite; Zip Code				
		San Antonio, TX 78229					
	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 (\$)	
	10/20/2025	KUMAR, SANJIV (Dr.)					\$300.00
		Contributor address; City; Sta	ite; Zip Code				
		Uvalde, TX 78801					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Ophthalmolo	gist					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/20/2025	Kemp, Richard (Dr.)					\$40.00
		Contributor address; City; Sta	ite; 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 (\$)	
	10/20/2025	Kerr, Kevin (Dr.)					\$300.00
		Contributor address; City; Sta	te; Zip Code				
		Stephenville, TX 76401					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Ophthalmolo	gist					

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 12/20	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	EYE PAC of	the Texas Ophthalmological As	sociation			00016861	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	
	10/20/2025	Kerr, Trevor (Dr.)			\$300.00		
		6 Contributor address; City; State Stephenville, TX 76401	e; Zip Code				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u>L</u>		
	Ophthalmolo	gist					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	10/20/2025	Kumar, Sanjiv (Dr.)	. . –			.,	\$40.00
		Contributor address; City; State	e; Zip Code				
		Uvalde, TX 78801					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Ophthalmolo	gist					
	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	e; Zip Code				
		Conroe, TX 77304					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Ophthalmolo	gist					
	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	e; Zip Code				
		Houston TV 77062					
	Dringing con	Houston, TX 77063		Employer (Can Instructions	<u>, </u>		
	Ophthalmolo	pation / Job title (See Instructions) gist		Employer (See Instructions	5)		
	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	e; Zip Code				
		Dallas, TX 75230					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> ;)		
	Ophthalmolo			, , , , , , , , , , , , , , , , , , , ,	,		
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	MONET	ARY POLITICAL CONTRIBUT	IONS	i		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	s 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 00016861	n Filers)
4	Date 10/20/2025	 Full name of contributor out-of-state PAC (II McKinley, Steven (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$300.00
8	Principal occur	Austin, TX 78757 pation / Job title (See Instructions)	la F	mployer (See Instructions			
•	Ophthalmolo			inproyer (See mandenons	,		
	Date 10/20/2025	Full name of contributor out-of-state PAC (II McKinley, Steven (Dr.) Contributor address; City; State; Zip Code Austin, TX 78731				Amount of Contribution (\$)	\$700.00
	Principal occu	pation / Job title (See Instructions)	E	mployer (See Instructions)		
	Ophthalmologist						
	Date 10/20/2025	Full name of contributor out-of-state PAC (II Miller, Aaron (Dr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$75.00
		Spring, TX 77389					
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist	Е	mployer (See Instructions)		
	Date 10/20/2025	Full name of contributor out-of-state PAC (II Patel, Sanjay (Dr.) Contributor address; City; State; Zip Code McKinney, TX 75069)		Amount of Contribution (\$)	\$50.00
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist	E	mployer (See Instructions)		
	Date 10/20/2025	Full name of contributor out-of-state PAC (If Pluenneke, Anne (Dr.) Contributor address; City; State; Zip Code Fredericksburg, TX 78624)		Amount of Contribution (\$)	\$300.00
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist	E	mployer (See Instructions)		
			1				

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	is 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 00016861	n Filers)
4	Date 10/20/2025	 Full name of contributor out-of-state PAC (I Richert, H. Miller (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Abilene, TX 79601-3044 pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Ü	Ophthalmolo		2 Employer (See Instructions	3)		
	Date 10/20/2025	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$300.00
	Principal occu	Austin, TX 78758 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Ophthalmolo					
	Date 10/20/2025	Full name of contributor out-of-state PAC (I Strong, Bradley (Dr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$750.00
		Dallas, TX 75205				
	Principal occu Ophthalmolo	oation / Job title (See Instructions) gist	Employer (See Instructions	s)		
	Date 10/20/2025	Full name of contributor out-of-state PAC (I Sun, Regina (Dr.) Contributor address; City; State; Zip Code Houston, TX 77098	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/20/2025	Full name of contributor out-of-state PAC (I Trevino, Mark (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209	D#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Ophthalmolo	pation / Job title (See Instructions) gist	Employer (See Instructions	s)		
			•			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	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	AME C of the Texas Ophthalmological Association		3	Filer ID (Ethics Commission Filers) 00016861	
4	Date 10/20/2025	 5 Full name of contributor out-of-state PAC (ID#:_Weikert, Mitchell (Dr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Houston, TX 77005	Employer (See Instructions			
•		incipal occupation / Job title (See Instructions) phthalmologist 9 Employer (See Instructions)				
	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution 10/20/2025 Whitman, Jeffrey (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$200.00		
	Principal occu	Dallas, TX 75204-2356 pation / Job title (See Instructions)	Employer (See Instructions)		
	Ophthalmologist					
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$300.00
		Dallas, TX 75243				
	Principal occu Ophthalmolo	pation / Job title (See Instructions) ogist	Employer (See Instructions)		
	Date 10/20/2025	Full name of contributor out-of-state PAC (ID#:_ Whitney, Clayton (Dr.) Contributor address; City; State; Zip Code Tyler, TX 75701			Amount of Contribution (\$)	\$100.00
	Principal occupation / Job title (See Instructions) Ophthalmologist Employer (See Instructions))			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
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	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	campaign contribution			
Complete ONLY if direct expenditure to benefit C/OI	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	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Candidate/Officeholder/Political Committee Campaign contributions			
	campaign contributions			
Complete ONLY if direct expenditure to benefit C/OI	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			
Ψ2,000.00	443 Cape Helliy			
Expenditure from corporate funds	Corpus Christi, TX 78412			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	campaign contribution			
Operation Children	Overfildsta (Office health and over a complete service)			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
·				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a cottogen pat listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
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	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Candidate/Officeholder/Political Committee					
	campaign contribution					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experientare to benefit 6/01	<u>'</u>					
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	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee 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	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	1					
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	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Candidate/Officeholder/Political Committee Campaign contribution					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH						

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (parter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
	,				
1 Total pages Schedule F1: Sch: 3/4 Rpt: 18/20	2 FILER NAME EYE PAC of the Texas Ophthalmological Association 3 Filer ID (Ethics Commission Filers) 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	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	campaign contribution				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	1				
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	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Candidate/Officeholder/Political Committee				
	Campaign Continuation				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH					
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	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
	Candidate/Officeholder/Political Committee				
	campaign contribution				
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH					

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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEP (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/4 Rpt: 19/20	2 FILER NAME SEYE PAC of the Texas Ophthalmological Association 3 Filer ID (Ethics Commission Filers) 00016861
4 Date 10/03/2025	5 Payee name Villalobos, Denise (Rep.)
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 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) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description 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/Ol	Candidate/Officeholder name Office sought Office held
Date 10/09/2025 Amount (\$)	Payee name Zaffirini, Judith (Sen.) 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) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	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.					
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 10/16/2025	5 Payee name 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) Accounting/Banking (b) Description (See instructions regarding type of information required.) merchant fees				
Date 10/16/2025	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				
Date 10/08/2025	Payee name 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) Accounting/Banking (b) Description (See instructions regarding type of information required.) accounting software				