

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> 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)	\$ 6,085.35
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 48,634.91
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

SUBTOTALS - MPAC

17 COMMITTEE NAME EYE PAC of the Texas Ophthalmological Association		18 Filer ID (Ethics Commission Filers) 00016861
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,835.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 250.35
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 91.05
15.	<input type="checkbox"/> 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: 1/7 Rpt: 4/12
2 FILER NAME EYE PAC of the Texas Ophthalmological Association		3 Filer ID (Ethics Commission Filers) 00016861
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Sharron (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Seguin, TX 78155	
8 Principal occupation / Job title (See Instructions) Ophthalmologist		9 Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauman, Wendall (Dr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code San Antonio, TX 78233-3147	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corona, Jorge (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75248	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Gary (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dvorak, Andrew (Dr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Huntsville, TX 77340	
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: 2/7 Rpt: 5/12
2 FILER NAME EYE PAC of the Texas Ophthalmological Association		3 Filer ID (Ethics Commission Filers) 00016861
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flowers, Brian (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76102	
8 Principal occupation / Job title (See Instructions) Ophthalmologist		9 Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hager, Aaron (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78218-3088	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Carl (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75214	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, John Marshall (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Garland, TX 75042-7907	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunsaker, Jerry (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1821	
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: 3/7 Rpt: 6/12
2 FILER NAME EYE PAC of the Texas Ophthalmological Association		3 Filer ID (Ethics Commission Filers) 00016861
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles (Dr.)	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	
8 Principal occupation / Job title (See Instructions) Ophthalmologist		9 Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Rebecca (Dr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Tyler, TX 75702	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kavanagh, Joseph (Dr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Seguin, TX 78155	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, Richard (Dr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Waxahachie, TX 75165	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan-Farooqi, Haumith (Dr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Austin, TX 78756	
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: 4/7 Rpt: 7/12
2 FILER NAME EYE PAC of the Texas Ophthalmological Association		3 Filer ID (Ethics Commission Filers) 00016861
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Sanjiv (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Uvalde, TX 78801	
8 Principal occupation / Job title (See Instructions) Ophthalmologist		9 Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayo, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pasadena, TX 77504-3628	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Helen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalf, Priscilla (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wharton, TX 77488	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Aaron (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Spring, TX 77389	
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: 5/7 Rpt: 8/12
2 FILER NAME EYE PAC of the Texas Ophthalmological Association		3 Filer ID (Ethics Commission Filers) 00016861
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Sanjay (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McKinney, TX 75069	
8 Principal occupation / Job title (See Instructions) Ophthalmologist		9 Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Karl (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78756-2611	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, H. Miller (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79601-3044	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Stephen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sun, Regina (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77098	
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: 6/7 Rpt: 9/12
2 FILER NAME EYE PAC of the Texas Ophthalmological Association		3 Filer ID (Ethics Commission Filers) 00016861
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Charles (Dr.)	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Texarkana, TX 75503	
8 Principal occupation / Job title (See Instructions) Ophthalmologist		9 Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Mark (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weikert, Mitchell (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weikert, Mitchell (Dr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Houston, TX 77030	
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Jeffrey (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Dallas, TX 75204-2356	
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: 7/7 Rpt: 10/12
2 FILER NAME EYE PAC of the Texas Ophthalmological Association		3 Filer ID (Ethics Commission Filers) 00016861
4 Date 01/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Patrick (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Ophthalmologist		9 Employer (See Instructions)

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2: Sch: 1/1 Rpt: 11/12	
2 FILER NAME EYE PAC of the Texas Ophthalmological Association		3 Filer ID (Ethics Commission Filers) 00016861	
4 Date 01/06/2026	5 Corporation / Labor Organization name Texas Ophthalmological Association	7 Amount of contribution(\$) \$250.35	8 In-kind contribution description postage
	6 Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78701		

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 01/13/2026	5 Payee name Affinipay.com	
6 Amount (\$) 33.15 <input type="checkbox"/> 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 01/14/2026	Payee name American Express Establishment Services	
Amount (\$) 17.39 <input type="checkbox"/> 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 01/15/2026	Payee name Intuit, Inc	
Amount (\$) 40.51 <input type="checkbox"/> 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.) bank software