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
03/03/2026

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
111 E. 17th St.
PO Box 12841
Austin, TX 78711

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
- [X] March 5
- [ ] April 5
- [ ] May 5
- [ ] June 5
- [ ] July 5
- [ ] August 5
- [ ] September 5
- [ ] October 5
- [ ] November 5
- [ ] December 5

11 PERIOD COVERED

Month Day Year: 01/26/2026
THROUGH
Month Day Year: 02/25/2026

GO TO PAGE 2

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

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	Mr. Josh Bray 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.)		

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)	$ 3,635.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 16,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 40,937.19
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

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. Angelia Orr 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. Paul Dyson 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. Christian Manuel 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	Mr. Josh Reyna 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.)		
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. Caroline Harris Davila 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. Brad Buckley 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. Suleman Lalani 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. Ramon Romero 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 Mr. Alan Blaylock 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.)	

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	Mr. Fred Tate 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.)		
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. Elizabeth Campos 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	Mr. Donovon Rodriguez 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.)		

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	Ms. Kelly Peterson 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.)		
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. Charlene Ward Johnson 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. Senfronia Thompson 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. Mary Ann Perez 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. Trent Ashby State Representative

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	$ 3,635.00
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	$ 16,500.00
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	$ 82.72
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: 1/4 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 ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
02/12/2026	Bourgeois, Keith (Dr.)	$1,000.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77002	
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 ($)
02/12/2026	Corona, Jorge (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Dallas, TX 75248	
Principal occupation / Job title (See Instructions): Ophthalmologist	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/05/2026	Cowan, Gary (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76104	
Principal occupation / Job title (See Instructions): Ophthalmologist	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Flowers, Brian (Dr.)	$30.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76102	
Principal occupation / Job title (See Instructions): Ophthalmologist	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/05/2026	Haley, Carl (Dr.)	$25.00
	Contributor address; City; State; Zip Code: Dallas, TX 75214	
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: 2/4 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 ($)
02/12/2026	Haley, John Marshall (Dr.)	$50.00
	6 Contributor address; City; State; Zip Code: Garland, TX 75042-7907	
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 ($)
02/12/2026	Hunsaker, Jerry (Dr.)	$200.00
	Contributor address; City; State; Zip Code: Corpus Christi, TX 78411-1821	
Principal occupation / Job title (See Instructions): Ophthalmologist	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Kemp, Richard (Dr.)	$40.00
	Contributor address; City; State; Zip Code: Waxahachie, TX 75165	
Principal occupation / Job title (See Instructions): Ophthalmologist	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Kumar, Sanjiv (Dr.)	$40.00
	Contributor address; City; State; Zip Code: Uvalde, TX 78801	
Principal occupation / Job title (See Instructions): Ophthalmologist	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/05/2026	Lee, Chevy (Dr.)	$150.00
	Contributor address; City; State; Zip Code: McAllen, TX 78503-1232	
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: 3/4 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 ($)
02/12/2026	Mayans, Jose (Dr.)	$300.00
	6 Contributor address; City; State; Zip Code: Odessa, TX 79763-4305	
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 ($)
02/11/2026	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 ($)
02/13/2026	Nettune, Gregory (Dr.)	$50.00
	Contributor address; City; State; Zip Code: Dallas, TX 75231	
Principal occupation / Job title (See Instructions): Ophthalmologist	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	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 ($)
02/11/2026	Richert, H. Miller (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Abilene, TX 79601-3044	
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: 4/4 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 ($)
02/10/2026	Sun, Regina (Dr.)	$50.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77098	
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 ($)
02/12/2026	Trevino, Mark (Dr.)	$25.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78209	
Principal occupation / Job title (See Instructions): Ophthalmologist	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/11/2026	Varshney, Devendra	$1,000.00
	Contributor address; City; State; Zip Code: Carrizo Springs, TX 78834	
Principal occupation / Job title (See Instructions): Retired Physician	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Weikert, Mitchell (Dr.)	$50.00
	Contributor address; City; State; Zip Code: Houston, TX 77030	
Principal occupation / Job title (See Instructions): Ophthalmologist	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Whitman, Jeffrey (Dr.)	$200.00
	Contributor address; City; State; Zip Code: Dallas, TX 75204-2356	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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: 1/6 Rpt: 14/20	EYE PAC of the Texas Ophthalmological Association	00016861

4 Date	5 Payee name
02/11/2026	Ashby, Trent (Rep.)

6 Amount ($)	7 Payee address; City; State; Zip Code
$2,000.00 ☐ Expenditure from corporate funds	PO Box 412 Lufkin, TX 75902

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
02/11/2026	Blaylock, Alan (Mr.)

Amount ($)	Payee address; City; State; Zip Code
$500.00 ☐ Expenditure from corporate funds	4801 Cargill Cir. Fort Worth, TX 76244

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
02/04/2026	Bray, Josh (Mr.)

Amount ($)	Payee address; City; State; Zip Code
$500.00 ☐ Expenditure from corporate funds	PO Box 6247 Paris, TX 75461

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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: 2/6 Rpt: 15/20	EYE PAC of the Texas Ophthalmological Association	00016861

4 Date	5 Payee name
02/18/2026	Buckley DVM, Brad (Rep.)

6 Amount ($)	7 Payee address; City; State; Zip Code
$1,000.00 ☐ Expenditure from corporate funds	7321 FM 2843 Salado, TX 76571

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
02/12/2026	Campos, Elizabeth (Rep.)

Amount ($)	Payee address; City; State; Zip Code
$1,000.00 ☐ Expenditure from corporate funds	1028 Rigsby San Antonio, TX 78210

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
02/03/2026	Dyson, Paul (Rep.)

Amount ($)	Payee address; City; State; Zip Code
$1,000.00 ☐ Expenditure from corporate funds	4040 State Highway 6 S, Ste. 200 College Station, TX 77845

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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: 3/6 Rpt: 16/20	EYE PAC of the Texas Ophthalmological Association	00016861

4 Date	5 Payee name
02/04/2026	Harris Davila, Caroline (Ms.)
6 Amount ($) $1,000.00 ☐ Expenditure from corporate funds	**7** Payee address; City; State; Zip Code PO Box 700 Round Rock, TX 78680

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
02/11/2026	Lalani M.D., Suleman (Rep.)
Amount ($) $1,000.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 6514 Houston, TX 77265

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
02/05/2026	Manuel, Christian (Rep.)
Amount ($) $500.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 505 Orleans St. Beaumont, TX 77701

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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: 4/6 Rpt: 17/20	EYE PAC of the Texas Ophthalmological Association	00016861

4 Date	5 Payee name
02/04/2026	Orr, Angelia (Rep.)
6 Amount ($) $1,000.00 ☐ Expenditure from corporate funds	**7** Payee address; City; State; Zip Code PO Box 337 Itasca, TX 76055

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
02/11/2026	Perez, Mary Ann (Rep.)
Amount ($) $500.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 5223 Sleepy Creek Dr. Houston, TX 77017

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
02/11/2026	Peterson, Kelly (Ms.)
Amount ($) $1,000.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 15814 Champion Forest Dr, PMB 120 Spring, TX 77379

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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: 5/6 Rpt: 18/20	EYE PAC of the Texas Ophthalmological Association	00016861

4 Date	5 Payee name
02/10/2026	Reyna, Josh (Mr.)

6 Amount ($)	7 Payee address; City; State; Zip Code
$1,000.00 ☐ Expenditure from corporate funds	7421 Burnet Rd #111 Austin, TX 78757

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
02/13/2026	Rodriguez, Donovon (Mr.)

Amount ($)	Payee address; City; State; Zip Code
$1,000.00 ☐ Expenditure from corporate funds	PO Box 380653 San Antonio, TX 78268

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
02/11/2026	Romero, Ramon (Rep.)

Amount ($)	Payee address; City; State; Zip Code
$1,000.00 ☐ Expenditure from corporate funds	3907 E. Lancaster Ave. Fort Worth, TX 76103

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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: 6/6 Rpt: 19/20	EYE PAC of the Texas Ophthalmological Association	00016861

4 Date	5 Payee name
02/13/2026	Tate, Fred (Mr.)

6 Amount ($)	7 Payee address; City; State; Zip Code
$1,000.00 ☐ Expenditure from corporate funds	PO Box 1113 Colleyville, TX 76034

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
02/18/2026	Thompson, Senfronia (Rep.)

Amount ($)	Payee address; City; State; Zip Code
$1,000.00 ☐ Expenditure from corporate funds	4828 Loop Central Dr #600 Houston, TX 77081

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
02/12/2026	Ward Johnson, Charlene (Rep.)

Amount ($)	Payee address; City; State; Zip Code
$500.00 ☐ Expenditure from corporate funds	PO Box 925775 Houston, TX 77292

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 02/12/2026	**5** Payee name Affinipay.com
6 Amount ($) 31.14 ☐ 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 02/12/2026	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 02/04/2026	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.) bookkeeping software