

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00058206	<b>2</b> Total pages filed: 16
<b>3</b> COMMITTEE NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/10/2024	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12050 Vance Jackson Road Suite #102 San Antonio, TX 78230		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Lisa A.		
	NICKNAME LAST SUFFIX Aguilar		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12050 Vance Jackson Rd. Ste. 102 San Antonio, TX 78230		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12050 Vance Jackson Rd. Ste. 102 San Antonio, TX 78230		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12050 Vance Jackson Rd. Ste. 102 San Antonio, TX 78230		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 988-0960		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023
<b>11</b> ELECTION	ELECTION DATE Month Day Year 11/11/2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Oral and Maxillofacial Surgeons Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00058206
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,033.32
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 32,757.70
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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.

Ms. Lisa A. Aguilar  
\_\_\_\_\_  
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 - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 16

<b>17 COMMITTEE NAME</b> Texas Oral and Maxillofacial Surgeons Political Action Committee	<b>18 Filer ID</b> 00058206	(Ethics Commission Filers)
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<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,033.32
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 type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/13 Rpt: 4/16
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 10/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buckley, Steven (Dr.) ..... 6 Contributor address; City; State; Zip Code  San Antonio, TX 78229	7 Amount of Contribution (\$)  \$200.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions) self
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burke, Vernon ..... Contributor address; City; State; Zip Code  El Paso , TX 79925	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Self
Date 10/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavaretta, Vincent (Dr.) ..... Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeons		Employer (See Instructions) self
Date 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chilcoat, Charles (Dr.) ..... Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		Employer (See Instructions) Self
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coke, Christine (Dr.) ..... Contributor address; City; State; Zip Code  Allen , TX 75013	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/13 Rpt: 5/16
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Mark (Dr.) ..... 6 Contributor address; City; State; Zip Code  Frisco, TX 75034	7 Amount of Contribution (\$)  \$200.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions) self
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Demian, Nagi (Dr.) ..... Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dingwerth, Douglas (Dr.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dingwerth, Douglas (Dr.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Franco, James (Dr.) ..... Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/13 Rpt: 6/16
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 10/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuentes, Michael	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Tomball, TX 77377	
8 Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		9 Employer (See Instructions) Self
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Furchtgott, Natasha (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gatlin, Corbin (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Waco, TX 76712	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) Self
Date 12/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutta, Rajesh (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Midland, TX 79701	
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Higley , Ryan (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/13 Rpt: 7/16
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 10/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunsaker, Robert (Dr.) ..... 6 Contributor address; City; State; Zip Code  Austin, TX 78734	7 Amount of Contribution (\$)  \$200.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions) self
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Iero, Phillip (Dr.) ..... Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jordan, William (Dr.) ..... Contributor address; City; State; Zip Code  Sugarland, TX 77479	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaleem, Arshad (Dr.) ..... Contributor address; City; State; Zip Code  El Paso , TX 79925	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koo, Steven (Dr.) ..... Contributor address; City; State; Zip Code  Houston , TX 77063	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/13 Rpt: 8/16
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 10/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lam, Nguyen (Dr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79925	
<b>8</b> Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		<b>9</b> Employer (See Instructions) Self
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Jose	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77056	
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeons		Employer (See Instructions) self
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Macholl, James	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Keller, TX 76244	
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mazock, James (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		Employer (See Instructions) self
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Reyna (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Port Arthur, TX 77640	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/13 Rpt: 9/16
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 11/21/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oppenheim, Mark (Dr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76502	
<b>8</b> Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeons		<b>9</b> Employer (See Instructions)
<b>Date</b> 11/02/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pace, Michael (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Flower Mound, TX 75077	
<b>Principal occupation / Job title (See Instructions)</b> Oral & Maxillofacial Surgeon		<b>Employer (See Instructions)</b> Self
<b>Date</b> 11/21/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parmer, David	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76244	
<b>Principal occupation / Job title (See Instructions)</b> Oral & Maxillofacial Surgeon		<b>Employer (See Instructions)</b> self
<b>Date</b> 10/09/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pavelka, Jason (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Oral & Maxillofacial Surgeon		<b>Employer (See Instructions)</b> self
<b>Date</b> 11/19/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Philbert, Rawle (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75390	
<b>Principal occupation / Job title (See Instructions)</b> Oral & Maxillofacial Surgeon		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/16
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 10/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pollock, G. Kevin	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Rockwall, TX 75032	
8 Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		9 Employer (See Instructions) self
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pugao, Reo (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ranschaert, Mark (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Prosper, TX 75078	
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		Employer (See Instructions) self
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios, Luisa Noemi (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Rockwall , TX 75032	
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schafer, Brad (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Temple, TX 76502	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/13 Rpt: 11/16
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 10/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Kirk (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Frisco, TX 75034	
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seeba, Garrett (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Webster, TX 77598	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shroyer, John V. (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Arlington, TX 76015	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stewart, Larry (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Dallas, TX 75225	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stone, Brian (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/13 Rpt: 12/16
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 10/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stone Jr., Charles (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Tyler, TX 75703	
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions) Self
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tabarini, J. Enrique	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  The Woodlands, TX 77384	
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeons		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tate, Gregory (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Luftkin, TX 75904	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Gregory (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Southlake, TX 76092	
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, David (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston , TX 77005	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/13 Rpt: 13/16
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 11/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tye, Christopher	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  colleyville, TX 76034		
<b>8</b> Principal occupation / Job title (See Instructions) doctor		<b>9</b> Employer (See Instructions) self
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walstad, William (Dr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Dallas, TX 75230		
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warren, R. Scott (Dr.)	Amount of Contribution (\$) \$833.32
Contributor address; City; State; Zip Code  Waco, TX 76712		
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waters, Patrick (Dr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeons		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watkins, Edmund (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Houston , TX 77080		
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/13 Rpt: 14/16
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 10/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wendling, Bert (Dr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 76262	
<b>8</b> Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		<b>9</b> Employer (See Instructions) Self
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitcomb, Michael (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Grapevine, TX 76051	
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeons		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiggins, Raymond	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Katy, TX 77450	
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeons		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yates, David	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Suite 304		Employer (See Instructions) self
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Simon (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Cypress, TX 77429	
Principal occupation / Job title (See Instructions) Suite 304		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 12/13 Rpt: 15/16
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zarroug, Najy (Dr.) ..... 6 Contributor address; City; State; Zip Code  Round Rock , TX 78681	7 Amount of Contribution (\$)  \$200.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions) self
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) bailey, randall (Dr.) ..... Contributor address; City; State; Zip Code  webster, TX 77598	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) self
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) barrett, george (Dr.) ..... Contributor address; City; State; Zip Code  lubbock, TX 79424	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) bates, jim (Dr.) ..... Contributor address; City; State; Zip Code  dallas, TX 75205	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Self
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) brochoff, hans (Dr.) ..... Contributor address; City; State; Zip Code  el paso, TX 79902	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/13 Rpt: 16/16
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 11/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) brown, brandon <hr/> <b>6</b> Contributor address; City; State; Zip Code  grapevine, TX 76051	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) doctor		<b>9</b> Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) busaidy, kamal <hr/> Contributor address; City; State; Zip Code  houston, TX 77030	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) self
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) schwartz-dabney, Carina <hr/> Contributor address; City; State; Zip Code  dallas, TX 75235	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)