CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00034729 Date Received COMMITTEE Texas Orthopaedic Assn. PAC **ELECTRONICALLY FILED** NAME 02/24/2024 TREASURER Urrea II, Luis H. (Dr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Day Year Month Day Date Imaged **COVERED THROUGH** 07/01/2023 12/31/2023 **EXPLANATION OF CORRECTION** We discovered that the spreadsheet formula to determine the political contributions maintained on the final day had an error, which resulted in the wrong political contributions maintained on the final day. Otherwise, the expenditures and contributions are all correct. AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Dr. Luis H. Urrea II Signature of Campaign Treasurer

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

______, 20_____, to certify which, witness my hand and seal of office.

____, this the ____

Signature of officer administering oath

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

Title of officer administering oath

FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00034729 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Orthopaedic Assn. PAC Date Received **ELECTRONICALLY FILED** 02/24/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 401 W. 15th Date Hand-delivered or Date Postmarked Suite 820 Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. Luis H. NAME NICKNAME LAST **SUFFIX** Urrea Ш STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 401 W. 15th Street STREET **ADDRESS** Suite 820 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 401 W. 15th Street #820 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 728-7672 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Orthopaedic As	sn. PAC		00034729	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Cole Hefner State Representati	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	15,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	12,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	17,057.74
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Dr. Luis F	I. Urrea II	
		Signature of Car	mpaign Treasure	r
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer	administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 16

			1 ago 1 ol 10
12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
Texas Orthopaedic Assn. PAC			00034729
14 COMMITTEE 1. Candidat (Identify by nam applicable, class	e or, if	Guerra Bobby State Representa	tive
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Measure	s A. Supported		
(Describe by dat location of electi nature of issue.)	e and on and		
	B. Opposed		
3. Officehol Assisted (Identify by nam applicable, class	e or, if		
COMMITTEE 1. Candida	es A Supported	Hughes Bryan State Senator	
ACTIVITY (Identify by nam applicable, class	e or, if	riagnes biyan ciate conator	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measure (Describe by date location of election atture of issue.)	e and on and		
	B. Opposed		
3. Officehol Assisted (Identify by nam	e or, if		
COMMITTEE 1. Candidate (Identify by name applicable, class	tes A. Supported	Elizabeth Campos State Repres	entative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Measure (Describe by da location of electinature of issue.)	e and on and		
	B. Opposed		
3. Officehol Assisted (Identify by nam applicable, class	e or, if		
applicable, class	, 2, party.)		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

						Page 5 of 16
12 COMMITTEE NAME				13 File	r ID	(Ethics Commission Filers)
Texas Orthopaedic Ass	sn. PAC			000	34729	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Venton Jones State F	Representative		
(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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Suleman Lalani M.D.	State Representa	ıtive	
(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.)					

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

		6 of 16
17 COMMITTEE NAME Texas Orthopaedic Assn. PAC	18 Filer ID 00034729	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 15,300.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	OR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	RATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	GANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	R	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$ 12,500.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	TIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$ 187.30
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/4 Rpt: 7/16		
2	FILER NAME	nacis Aces DAC			3	Filer ID (Ethics Commissio	n Filers)
	Texas Ortno	paedic Assn. PAC				00034729	
4	Date 07/10/2023	Full name of contributor		7	Amount of Contribution (\$)	\$100.00	
		Houston, TX 77027					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Orthopaedic	Surgeon		Self Employed			
	Date 09/15/2023	Full name of contributor Beal M.D., Terry Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$150.00
		Copperas Cove, TX 76522					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Orthopaedic	Surgeon		Self			
	Date 09/15/2023	Full name of contributor Britt M.D., Michael Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78418					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Orthopaedic	Surgeon		Self			
	Date 07/19/2023	Full name of contributor Bruggeman M.D., Adam Contributor address; City; State; San Antonio, TX 78261	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Orthopaedic	pation / Job title (See Instructions) Surgeon		Employer (See Instructions Self	5)		
	Date 08/23/2023	Bruggeman M.D., Adam	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Orthopaedic	Surgeon		Self			
			,				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/4 Rpt: 8/16	
2	FILER NAME Texas Ortho	paedic Assn. PAC			3	Filer ID (Ethics Commission 00034729	on Filers)
4	Date 10/23/2023	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$200.00	
		San Antonio, TX 78261	1				
8	Principal occu Orthopaedic	pation / Job title (See Instructions) Surgeon	9	Employer (See Instructions Self	5)		
	Date 11/23/2023	Full name of contributor Bruggeman M.D., Adam Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu	San Antonio, TX 78261 pation / Job title (See Instructions))	Employer (See Instructions	 - S)		
	Orthopaedic	Surgeon		Self			
	Date 12/19/2023	Full name of contributor Bruggeman M.D., Adam Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$200.00
		San Antonio, TX 78261					
	Principal occu Orthopaedic	pation / Job title (See Instructions) Surgeon		Employer (See Instructions Self	5)		
	Date 12/19/2023	Full name of contributor Champine M.D., Michael Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Orthopaedic	pation / Job title (See Instructions) Surgeon		Employer (See Instructions Self	5)		
	Date 09/11/2023	Full name of contributor Hartzler M.D., Rob Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Orthopaedic	pation / Job title (See Instructions) Surgeon		Employer (See Instructions Self	5)		
			<u>, </u>				

	MONEI	ARY POLITICAL CONTRIBUTIO	Ν	15		SCHEDULE A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/4 Rpt: 9/16	
2	2 FILER NAME Texas Orthopaedic Assn. PAC		3	Filer ID (Ethics Commission Filers) 00034729		
4	Date 10/02/2023	e 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$250.00	
8	Principal occu Orthopaedic		9	Employer (See Instructions Self	 s)	
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:_ Naugher M.D., G. Lane Contributor address; City; State; Zip Code San Antonio, TX 78209)		Amount of Contribution (\$) \$1,000.00
	Principal occu Orthopaedic	pation / Job title (See Instructions) Surgeon		Employer (See Instructions Self	5)	
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_ OrthoLoneStar PLLC Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$10,000.00
	Principal occu	Houston, TX 77030 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)	
	Date 07/27/2023	Full name of contributor out-of-state PAC (ID#:_ Panchbhavi M.D., Vinod Contributor address; City; State; Zip Code Galveston, TX 77555)		Amount of Contribution (\$) \$500.00
	Principal occu Orthopaedic	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u>l</u> 5)	
Date Full name of contributor out-of-state PAC (ID#:) 12/14/2023 Port M.D., J. Tieg Contributor address; City; State; Zip Code Sunnyvale, TX 75182			Amount of Contribution (\$) \$500.00			
	Principal occu Orthopaedic	pation / Job title (See Instructions) Surgeon		Employer (See Instructions Self	5)	

MONE	TARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	_E A1
The Instru	uction Guide explains how to complete this f	orm.	I	pages Schedule A1: 4/4 Rpt: 10/16	
2 FILER NAME Texas Orth	E opaedic Assn. PAC		3 Filer	ID (Ethics Commission 4729	on Filers)
4 Date 07/13/2023			7 Amou	unt of Contribution (\$)	\$100.00
	San Antonio, TX 78213 cupation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Orthopaedi Date 07/14/2023	Full name of contributor ut-of-state PAC (ID#:_	Self	Amou	unt of Contribution (\$)	\$500.00
Principal occ Orthopaedi	cupation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> 5)	-	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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	Food/Beverage Expense P / - Gift/Awards/Memorials Expense P	Polling Expense Printing Expense Galaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
Credit Card r dyment	The Instruction Guide explains how	w to complete this form.	
1 Total pages Schedule F1: Sch: 1/3 Rpt: 11/16	FILER NAME Texas Orthopaedic Assn. PAC		3 Filer ID (Ethics Commission Filers) 00034729
4 Date	5 Payee name		
11/03/2023	Campos, Elizabeth (Rep.)		
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code	
\$1,000.00	1028 Rigsby		
Expenditure from corporate funds	San Antonio, TX 78210	<u>. </u>	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedu		
EXPENDITURE	Contributions/Donations Made By		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Candidate/Officeholder/Political Committe	ee Campaign C	
		2	onanoa
Complete ONLY if direct expenditure to benefit C/Oh		ice sought	Office held
Date	Payee name		
07/24/2023	Collier, Nicole (Rep.)		
Amount (\$)	Payee address; City; State; 2	Zip Code	
\$3,000.00	PO Box 24241	-ip	l
+0,000	1 0 20% 2 12 12		
Expenditure from corporate funds	Fort Worth, TX 76124		
PURPOSE	(a) Category (See Categories listed at the top of this schedu		
OF EXPENDITURE	Contributions/Donations Made By		l outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committe	ee Campaign C	n, TX, officeholder living expense
		Campaign	Ontribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ice sought	Office held
Date	Payee name		
12/22/2023	Dr. Lalani for Texas		
Amount (\$)	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Zip Code	
\$2,500.00	PO Box 6514		
Expenditure from corporate funds	Houston, TX 77265		
PURPOSE	(a) Category (See Categories listed at the top of this schedu	(b) Description	
OF EXPENDITURE	Contributions/Donations Made By	, I <u> </u>	outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committe	~~ 🗀	n, TX, officeholder living expense
		Suleman Lal	ani, STATE HOUSE 76th TX
O L to ONII V if disease	045		000 1-14
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ice sought	Office held

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 (enter a category not listed above)

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 12/16	Texas Orthopaedic Assn. PAC 00034729
4 Date	5 Payee name
11/09/2023	Guerra, Bobby (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	10213 North 10th Street
Expenditure from corporate funds	McAllen, TX 78504
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	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
experience to benefit ever	
Date	Payee name
11/28/2023	Hefner, Cole
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 167
Expenditure from	
corporate funds	Mount Pleasant, TX 75456
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	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Dete	
Date 12/07/2023	Payee name
	Hughes, Bryan (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 450
Expenditure from	
corporate funds	Mineola, TX 75773
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
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		ges/Contract Labor OTHER (enter a category not listed above)
4 7 1 0 1 1 5		
1 Total pages Schedule F1: Sch: 3/3 Rpt: 13/16	Texas Orthopaedic Assn. PAC	3 Filer ID (Ethics Commission Filers) 00034729
4 Date	5 Payee name	•
10/24/2023	Jones, Venton (Rep.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,500.00		
Expenditure from corporate funds	Dallas, TX 75215	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough OH	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: 1/3 Rpt:	2 FILER NAME Texas Orthopaedic Assn. PAC 3 Filer ID (Ethics Commission Filers) 00034729
4 Date 07/14/2023	5 Payee name Anedot
6 Amount (\$) 20.30 Expenditure from corporate funds	7 Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor Dallas, TX 75201
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Credit Card Fee
Date 07/19/2023	Payee name Anedot
Amount (\$) 8.30 Expenditure from corporate funds	Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor Dallas, TX 75201
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Credit Card Fee
Date 07/27/2023	Payee name Anedot
Amount (\$) 20.30 Expenditure from corporate funds	Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor Dallas, TX 75201
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Credit Card Fee
Date 08/23/2023	Payee name Anedot
Amount (\$) 8.30 Expenditure from corporate funds	Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor Dallas, TX 75201
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Credit Card Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.			
Total pages Schedule I: Sch: 2/3 Rpt:	2 FILER NAME Texas Orthopaedic Assn. PAC 3 Filer ID (Ethics Commission Filers) 00034729		
4 Date 09/11/2023	5 Payee name Anedot		
6 Amount (\$) 40.30 Expenditure from	7 Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor Dallas, TX 75201		
Corporate funds 8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Credit Card Fee		
Date 09/12/2023	Payee name Anedot		
Amount (\$) 40.30 Expenditure from corporate funds	Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor Dallas, TX 75201		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Credit Card Fee		
Date 10/23/2023	Payee name Anedot		
Amount (\$)	Payee Address; City; State; Zip		
8.30 Expenditure from	1920 McKinney Ave 7th Floor		
corporate funds	Dallas, TX 75201		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Credit Card Fee		
Date 11/22/2023	Payee name Anedot		
Amount (\$)	Payee Address; City; State; Zip		
8.30	1920 McKinney Ave 7th Floor		
Expenditure from corporate funds	Dallas, TX 75201		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Credit Card Fee		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.			
	The instruction during explains now t	o complete this form.	
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 3/3 Rpt:	Texas Orthopaedic Assn. PAC	00034729	
4 Date	5 Payee name		
12/14/2023	Anedot		
6 Amount (\$)	7 Payee Address; City; State; Zip		
20.30	1920 McKinney Ave 7th Floor		
Expenditure from			
corporate funds	Dallas, TX 75201		
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories	s) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Accounting/Banking	Credit Card Fee	
Date	Payee name		
12/18/2023	Anedot		
Amount (\$)	Payee Address; City; State; Zip		
4.30	1920 McKinney Ave 7th Floor		
Expenditure from			
corporate funds	Dallas, TX 75201		
PURPOSE	(a) Category (See instructions for examples of acceptable categories	· ·	
OF EXPENDITURE	Accounting/Banking	Credit Card Fee	
	1		
Date	Payee name		
12/19/2023	Anedot		
Amount (\$)	Payee Address; City; State; Zip		
8.30	1920 McKinney Ave 7th Floor		
Expenditure from	Dallar TV 75004		
corporate funds	Dallas, TX 75201	Ta.	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories	·	
EXPENDITURE	Accounting/Banking	Credit Card Fee	