

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00034729	<b>2</b> Total pages filed: 20	<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Texas Orthopaedic Assn. PAC	Date Received ELECTRONICALLY FILED 02/24/2024		Date Hand-delivered or Date Postmarked
<b>4</b> TREASURER NAME Urrea II, Luis H. (Dr.)	Receipt #		Amount
<b>5</b> ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____		Date Processed
	<b>6</b> ORIGINAL PERIOD COVERED Month Day Year                      Month Day Year 01/01/2023                              THROUGH                      06/30/2023		Date Imaged

**7 EXPLANATION OF CORRECTION**  
 We discovered that the spreadsheet formula to determine the cash on hand reported on the final day had an error, which resulted in the wrong cash on hand reported on the final day.  
  
 Otherwise, the expenditures and contributions are all correct.

**8 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

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

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

# 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) 00034729	<b>2</b> Total pages filed: 20
<b>3</b> COMMITTEE NAME Texas Orthopaedic Assn. PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 02/24/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Suite 820 Austin, TX 78701		
	<b>5</b> CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST MI Dr. Luis H.  NICKNAME LAST SUFFIX Urrea II		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street Suite 820 Austin, TX 78701		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street #820  Austin, TX 78701		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 728-7672		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" 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      Month Day Year 01/01/2023      THROUGH      06/30/2023		
<b>11</b> ELECTION	ELECTION DATE Month Day Year 03/05/2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Orthopaedic Assn. PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00034729
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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 Rep. Elizabeth Campos State Representative
		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>	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,235.06
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 4,500.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 14,253.34
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.

Dr. Luis H. Urrea II  
\_\_\_\_\_  
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

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 4 of 20

<b>12 COMMITTEE NAME</b> Texas Orthopaedic Assn. PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00034729
<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 Rep. Venton Jones State Representative
		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.)	

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Texas Orthopaedic Assn. PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00034729
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,235.06
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,650.08
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>		<b>1</b> Total pages Schedule A1: Sch: 1/7 Rpt: 6/20
<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 06/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balldin M.D., Bjorn <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$750.00
<b>8</b> Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		<b>9</b> Employer (See Instructions) Self
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beal M.D., Terry <hr/> Contributor address; City; State; Zip Code  Copperas Cove, TX 76522	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brady M.D., Christina <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78240	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown M.D., Barrett <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bruggeman M.D., Adam <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78261	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Orthopedic 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: 2/7 Rpt: 7/20
<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 06/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bruggeman M.D., Adam <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		<b>9</b> Employer (See Instructions) Self
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Budoff M.D., Jeffrey <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Southwest Orthopedic Group, LLP
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Callewart M.D., Craig <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crawford M.D., Kevin <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79416	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Young M.D., Stephen <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic 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: 3/7 Rpt: 8/20
<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 02/03/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dickson M.D., Kyle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77030	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		<b>9</b> Employer (See Instructions) Self
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Early M.D., John <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis M.D., Henry <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esses M.D., Stephen <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gabel M.D., Gerard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic 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: 4/7 Rpt: 9/20
<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 04/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gill M.D., John <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75205	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		<b>9</b> Employer (See Instructions) Self
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grimes M.D., J. Speight <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79410	Amount of Contribution (\$)  \$485.06
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hecox M.D., Scott <hr/> Contributor address; City; State; Zip Code  Robinson, TX 76706	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hinchey M.D., John <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ilahi M.D., Omer <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic 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: 5/7 Rpt: 10/20
<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 01/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jafarnia M.D., Kourosh ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		<b>9</b> Employer (See Instructions) Self
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaldis M.D., Michael ..... Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirk D.O., Kevin ..... Contributor address; City; State; Zip Code  San Antonio, TX 78257	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masterson M.D., John ..... Contributor address; City; State; Zip Code  Brownwood, TX 76801	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKay M.D., Richard ..... Contributor address; City; State; Zip Code  Amarillo, TX 79102	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Orthopaedic 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: 6/7 Rpt: 11/20
<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 04/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monroe, Stacie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Woodridge, VA 22193	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Principal		<b>9</b> Employer (See Instructions) AMP LLC
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orth M.D., Scott <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owen M.D., Kip <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rathjen M.D., Karl <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts M.D., R. Mills <hr/> Contributor address; City; State; Zip Code  Irving, TX 75061	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Orthopaedic 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: 7/7 Rpt: 12/20
<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 04/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez M.D., Jose <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77063	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		<b>9</b> Employer (See Instructions) Self
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stautberg M.D., Eugene <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urrea M.D., Luis <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79922	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urrea M.D., Robert <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wolf M.D., Robert <hr/> Contributor address; City; State; Zip Code  Waco, TX 76712	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 13/20	<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00034729
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<b>4</b> Date 06/20/2023	<b>5</b> Payee name Campos, Elizabeth (Rep.)
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<b>6</b> Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1028 Rigsby  San Antonio, TX 78210
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/29/2023	Payee name Jones, Venton (Rep.)
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Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 Griffin Street West Suite 212 Dallas, TX 75215
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/7 Rpt:	2 FILER NAME Texas Orthopaedic Assn. PAC	3 Filer ID (Ethics Commission Filers) 00034729
4 Date 04/04/2023	5 Payee name Anedot	
6 Amount (\$)  20.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor  Dallas, TX 75201	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Fee
Date 04/06/2023	Payee name Anedot	
Amount (\$)  20.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor  Dallas, TX 75201	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Fee
Date 04/06/2023	Payee name Anedot	
Amount (\$)  20.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor  Dallas, TX 75021	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Fee
Date 04/10/2023	Payee name Anedot	
Amount (\$)  20.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor  Dallas, TX 75201	
<b>PURPOSE OF EXPENDITURE</b>	(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.

1 Total pages Schedule I: Sch: 2/7 Rpt:		2 FILER NAME Texas Orthopaedic Assn. PAC		3 Filer ID (Ethics Commission Filers) 00034729	
4 Date 04/14/2023		5 Payee name Anedot			
6 Amount (\$) 30.30 <input type="checkbox"/> 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 04/18/2023		Payee name Anedot			
Amount (\$) 8.30 <input type="checkbox"/> 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 04/18/2023		Payee name Anedot			
Amount (\$) 20.30 <input type="checkbox"/> 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 04/18/2023		Payee name Anedot			
Amount (\$) 20.30 <input type="checkbox"/> 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.

<b>1</b> Total pages Schedule I: Sch: 3/7 Rpt:	<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 04/18/2023	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) 20.30 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor  Dallas, TX 75201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Credit Card Fee
Date 04/18/2023	Payee name Anedot	
Amount (\$) 20.30 <input type="checkbox"/> 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 04/18/2023	Payee name Anedot	
Amount (\$) 20.30 <input type="checkbox"/> 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 04/18/2023	Payee name Anedot	
Amount (\$) 8.30 <input type="checkbox"/> 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.

1 Total pages Schedule I: Sch: 4/7 Rpt:		2 FILER NAME Texas Orthopaedic Assn. PAC		3 Filer ID (Ethics Commission Filers) 00034729	
4 Date 04/19/2023		5 Payee name Anedot			
6 Amount (\$) 20.30 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor Dallas, TX 75201			
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Credit Card Fee	
Date 04/19/2023		Payee name Anedot			
Amount (\$) 8.30 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor Dallas, TX 75201			
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Credit Card Fee	
Date 05/18/2023		Payee name Anedot			
Amount (\$) 8.30 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor Dallas, TX 75201			
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Credit Card Fee	
Date 06/07/2023		Payee name Anedot			
Amount (\$) 30.30 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor Dallas, TX 75201			
<b>PURPOSE OF EXPENDITURE</b>		(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.

1 Total pages Schedule I: Sch: 5/7 Rpt:	2 FILER NAME Texas Orthopaedic Assn. PAC	3 Filer ID (Ethics Commission Filers) 00034729
4 Date 06/14/2023	5 Payee name Anedot	
6 Amount (\$)  80.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor  Dallas, TX 75201	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Fee
Date 06/14/2023	Payee name Anedot	
Amount (\$)  40.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor  Dallas, TX 75201	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Fee
Date 06/14/2023	Payee name Anedot	
Amount (\$)  40.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor  Dallas, TX 75201	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Fee
Date 06/19/2023	Payee name Anedot	
Amount (\$)  30.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor  Dallas, TX 75201	
<b>PURPOSE OF EXPENDITURE</b>	(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.

1 Total pages Schedule I: Sch: 6/7 Rpt:	2 FILER NAME Texas Orthopaedic Assn. PAC	3 Filer ID (Ethics Commission Filers) 00034729
4 Date 06/19/2023	5 Payee name Anedot	
6 Amount (\$) 8.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor  Dallas, TX 75201	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Fee
Date 06/19/2023	Payee name Anedot	
Amount (\$) 8.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor  Dallas, TX 75201	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Fee
Date 01/25/2023	Payee name PayPal	
Amount (\$) 14.94 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 N First St  San Jose, TX 95131	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Fee
Date 02/02/2023	Payee name PayPal	
Amount (\$) 130.54 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 N First St  San Jose, TX 95131	
<b>PURPOSE OF EXPENDITURE</b>	(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

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1 Total pages Schedule I: Sch: 7/7 Rpt:	2 FILER NAME Texas Orthopaedic Assn. PAC	3 Filer ID (Ethics Commission Filers) 00034729
4 Date 01/12/2023	5 Payee name Reata Insurance	
6 Amount (\$)  1,000.00  <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3503 Wild Cherry Dr Ste 5  Lakeway, TX 78738	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) D&O Insurance for TOPAC Board Members