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** 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** 01/01/2023 06/30/2023 **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 ____ _____, 20_____, to certify which, witness my hand and seal of office.

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

Printed name of officer administering oath

Signature of officer administering oath

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 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 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 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 A	ssn. PAC		00034729	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Elizabeth Campos State	Representativ	ve
(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		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,235.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	14,253.34
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Dr. Luis H	H. Urrea II	
		Signature of Car	npaign Treasui	rer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, th	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		-
Signature of officer	administering oath	Printed name of officer administering oath	Title of offic	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. (De local nate of the paper) 3.	PAC Candidates dentify by name or, if oplicable, classify by party.) Measures Describe by date and cation of election and atture of issue.) Officeholders Assisted dentify by name or, if opplicable, classify by party.)	B. Opposed A. Supported B. Opposed	Venton J	ones Sta	ate Rep		034729	(Ethics C	Commission F	=ilers)
COMMITTEE ACTIVITY 1. (Ide app. (Attach lists on plain paper to complete this report if necessary.) 2. (De loci nat	Candidates dentify by name or, if opplicable, classify by party.) Measures Describe by date and cation of election and atture of issue.) Officeholders Assisted	B. Opposed A. Supported B. Opposed	Venton J	ones Sta	ate Rep					
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. (De loci nat	dentify by name or, if oplicable, classify by party.) Measures Describe by date and cation of election and atture of issue.) Officeholders Assisted	B. Opposed A. Supported B. Opposed	Venton J	ones Sta	ate Rep	resentati	ive			
z. (De local nat	escribe by date and cation of election and atture of issue.) Officeholders Assisted	A. Supported B. Opposed								
(De loca nat	escribe by date and cation of election and atture of issue.) Officeholders Assisted	B. Opposed								
	Assisted									
	Assisted									
apr	tering by frame of, fi									
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SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				5 of 20
		EE NAME hopaedic Assn. PAC	18 Filer ID 00034729	(Ethics Commission Filers)
19 SCH	HEDULI	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 18,235.06
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 4,500.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$ 1,650.08
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$
í				

	MONET	ARY POLITICAL C	CONTRIBUTIO	Ν	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 6/20	
2	FILER NAME Texas Ortho	paedic Assn. PAC				3	Filer ID (Ethics Commission 00034729	n Filers)
4	Date 06/19/2023	5 Full name of contributor Balldin M.D., Bjorn6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$750.00
8	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Orthopaedic	Surgeon			Self			
	Date 03/08/2023	Full name of contributor Beal M.D., Terry Contributor address; City; St)	•	Amount of Contribution (\$)	\$200.00
		Copperas Cove, TX 7652	2					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Orthopaedic	Surgeon			Self			
	Date 04/19/2023	Full name of contributor Brady M.D., Christina Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$200.00
		San Antonio, TX 78240						
	Principal occu Orthopaedic	pation / Job title (See Instructions Surgeon)		Employer (See Instructions Self	s)		
	Date 04/06/2023	Full name of contributor Brown M.D., Barrett Contributor address; City; St Houston, TX 77057					Amount of Contribution (\$)	\$500.00
	Principal occu Orthopaedic	pation / Job title (See Instructions Surgeon)		Employer (See Instructions Self	5)		
	Date 05/18/2023	Full name of contributor Bruggeman M.D., Adam Contributor address; City; St San Antonio, TX 78261	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$200.00
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Orthopedic S	Surgeon			Self			

	MONEI	MONETARY POLITICAL CONTRIBUTIONS			S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 7/20	
2	FILER NAME					3	Filer ID (Ethics Commission	on Filers)
		paedic Assn. PAC	_				00034729	
4	Date 06/19/2023	5 Full name of contributorBruggeman M.D., Adam6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$200.00
		San Antonio, TX 78209						
8	Principal occu	pation / Job title (See Instructions	3)	9	Employer (See Instructions	<u>. </u>		
	Orthopaedic	Surgeon			Self			
_	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/03/2023	Budoff M.D., Jeffrey	_ ` -					\$500.00
		Contributor address; City; Si	ate; Zip Code					
		Houston, TX 77030						
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions			
	Orthopaedic	Surgeon			Southwest Orthopedic (3ro	up, LLP	
	Date 04/10/2023	Full name of contributor Callewart M.D., Craig Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75225						
		pation / Job title (See Instructions	3)		Employer (See Instructions	s)		
	Orthopaedic	Surgeon			Self			
	Date 06/14/2023	Full name of contributor Crawford M.D., Kevin Contributor address; City; Si Lubbock, TX 79416	out-of-state PAC (ID#:_ ate; Zip Code				Amount of Contribution (\$)	\$1,000.00
		pation / Job title (See Instructions	5)		Employer (See Instructions	s)		
	Orthopaedic				Self	_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	02/03/2023	De Young M.D., Stephen Contributor address; City; Si Houston, TX 77030	ate; Zip Code					\$500.00
		pation / Job title (See Instructions	s)		Employer (See Instructions	5)		
	Orthopaedic	Surgeon			Self			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 8/20	
2	FILER NAME Texas Ortho	paedic Assn. PAC			3	Filer ID (Ethics Commission 00034729	n Filers)
4	Date 02/03/2023	Full name of contributor Dickson M.D., Kyle Contributor address; City; Si	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
8		Houston, TX 77030 pation / Job title (See Instructions	s) <u></u> 9	Employer (See Instruction:	s)		
	Orthopaedic Date 06/07/2023	Full name of contributor Early M.D., John Contributor address; City; S Dallas, TX 75225	out-of-state PAC (ID#:	Self		Amount of Contribution (\$)	\$750.00
	Principal occu Orthopaedic	pation / Job title (See Instructions	5)	Employer (See Instruction:	<u> </u> s)		
	Date 04/18/2023	Full name of contributor Ellis M.D., Henry Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Orthopaedic	Frisco, TX 75034 pation / Job title (See Instructions	s)	Employer (See Instruction:	s)		
	Date 02/03/2023	Full name of contributor Esses M.D., Stephen Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Orthopaedic	Houston, TX 77030 pation / Job title (See Instructions Surgeon	s)	Employer (See Instruction:	s)		
	Date 02/03/2023	Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77030 pation / Job title (See Instructions	s)	Employer (See Instruction:	s)		
	Orthopaedic	Surgeon		Self			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	JIN 5		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 9/20	
2	FILER NAME Texas Ortho	paedic Assn. PAC			3	Filer ID (Ethics Commission 00034729	on Filers)
4	Date 04/06/2023	5 Full name of contributorGill M.D., John6 Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$500.00
		Dallas, TX 75205					
8	Principal occu Orthopaedic	pation / Job title (See Instructions) Surgeon		9 Employer (See Instructions Self	s)		
	Date 03/21/2023	Full name of contributor Grimes M.D., J. Speight Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$485.06
	Principal occu	Lubbock, TX 79410 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Orthopaedic			Self	-,		
	Date 04/18/2023	Full name of contributor Hecox M.D., Scott Contributor address; City; Sta	out-of-state PAC (ID#:_ atte; Zip Code)		Amount of Contribution (\$)	\$200.00
		Robinson, TX 76706					
	Principal occu Orthopaedic	pation / Job title (See Instructions) Surgeon		Employer (See Instructions Self	s)		
	Date 06/14/2023	Full name of contributor Hinchey M.D., John Contributor address; City; Sta				Amount of Contribution (\$)	\$2,000.00
	Principal occu Orthopaedic	pation / Job title (See Instructions) Surgeon		Employer (See Instructions Self	s)		
	Date 02/03/2023	Full name of contributor Ilahi M.D., Omer Contributor address; City; Sta Houston, TX 77030	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Orthopaedic	Surgeon		Self			

	MONETARY POLITICAL CONTRIBUTIONS			S		SCHEDUL	E A1	
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 10/20	
2	FILER NAME Texas Ortho	paedic Assn. PAC				3	Filer ID (Ethics Commission 00034729	n Filers)
4	Date 01/25/2023	5 Full name of contributorJafarnia M.D., Kourosh6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Dringinal occu	Houston, TX 77024 pation / Job title (See Instructions		0	Employer (See Instructions			
0	Orthopaedic)		Employer (See Instructions Self	»)		
	Date 02/03/2023	Full name of contributor Kaldis M.D., Michael Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$500.00
	<u> </u>	Houston, TX 77030	· ·			<u></u>		
	Orthopaedic	pation / Job title (See Instructions Surgeon)		Employer (See Instructions Self	5)		
	Date 04/18/2023	Full name of contributor Kirk D.O., Kevin Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		San Antonio, TX 78257						
	Principal occu Orthopaedic	pation / Job title (See Instructions Surgeon			Employer (See Instructions Self	5)		
	Date 06/19/2023	Full name of contributor Masterson M.D., John Contributor address; City; St Brownwood, TX 76801	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$200.00
	Principal occu Orthopaedic	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> 5)		
	Date 04/18/2023	Full name of contributor McKay M.D., Richard Contributor address; City; St Amarillo, TX 79102	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Orthopaedic	pation / Job title (See Instructions Surgeon			Employer (See Instructions Self	s)		

	MONETARY POLITICAL CONTRIBUTIONS				IS		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 11/20	
2	FILER NAME Texas Ortho	paedic Assn. PAC				3	Filer ID (Ethics Commission 00034729	on Filers)
4	Date 04/18/2023	5 Full name of contributor Monroe, Stacie6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$500.00
		Woodridge, VA 22193						
8	Principal occu Principal	pation / Job title (See Instruction	s)	9	Employer (See Instructions AMP LLC	5)		
	Date 02/03/2023	Full name of contributor Orth M.D., Scott Contributor address; City; S)		Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77030 pation / Job title (See Instruction	e)		Employer (See Instructions	=,		
	Orthopaedic		5)		Self))		
	Date 04/14/2023	Full name of contributor Owen M.D., Kip Contributor address; City; S)		Amount of Contribution (\$)	\$750.00
		McAllen, TX 78504						
	Principal occu Orthopaedic	pation / Job title (See Instruction Surgeon	s)		Employer (See Instructions Self	5)		
	Date 06/14/2023	Full name of contributor Rathjen M.D., Karl Contributor address; City; S Dallas, TX 75205)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Orthopaedic	pation / Job title (See Instruction Surgeon	s)		Employer (See Instructions Self	5)		
	Date 03/22/2023	Full name of contributor Roberts M.D., R. Mills Contributor address; City; S Irving, TX 75061	out-of-state PAC (ID#:_)	-	Amount of Contribution (\$)	\$100.00
	Principal occu Orthopaedic	pation / Job title (See Instruction Surgeon	s)		Employer (See Instructions Self	5)		

	MONETARY POLITICAL CONTRIBUTIONS			S		SCHEDUL	E A1	
	The Instru	ction Guide explains how	to complete this fo	orn	າ.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 12/20	
2	FILER NAME Texas Ortho	paedic Assn. PAC				3	Filer ID (Ethics Commission 00034729	n Filers)
4	Date 04/19/2023	5 Full name of contributor Rodriguez M.D., Jose6 Contributor address; City; St.	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$500.00
8	Dringinal occu	Houston, TX 77063 pation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	Employer (See Instructions	·,		
°	Orthopaedic				Self	·)		
	Date 02/03/2023	Full name of contributor Stautberg M.D., Eugene Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$500.00
	<u> </u>	Houston, TX 77030			5 1 (0 1 1 1	<u></u>		
	Orthopaedic	pation / Job title (See Instructions) Surgeon)		Employer (See Instructions Self	5)		
	Date 04/18/2023	Full name of contributor Urrea M.D., Luis Contributor address; City; St.	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		El Paso, TX 79922						
	Principal occu Orthopaedic	pation / Job title (See Instructions Surgeon			Employer (See Instructions Self	5)		
	Date 04/18/2023	Full name of contributor Urrea M.D., Robert Contributor address; City; St. El Paso, TX 79925	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00
	Principal occu Orthopaedic	pation / Job title (See Instructions Surgeon			Employer (See Instructions Self	s)		
	Date 04/04/2023	Full name of contributor Wolf M.D., Robert Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Orthopaedic	pation / Job title (See Instructions Surgeon			Employer (See Instructions Self	5)		
			•					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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

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

	The Instruction Guide explains how to complete this form.
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt:	Texas Orthopaedic Assn. PAC 00034729
4 Date	5 Payee name
04/04/2023	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) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking Credit Card Fee
EM EMPITORE	
Date	Payee name
04/06/2023	Anedot
Amount (\$)	Payee Address; City; State; Zip
20.30	1920 McKinney Ave 7th Floor
Expenditure from	
corporate funds	Dallas, TX 75201
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking Credit Card Fee
2 /4 2 /12/13/14	
Date	Payee name
04/06/2023	Anedot
Amount (\$)	Payee Address; City; State; Zip
20.30	1920 McKinney Ave 7th Floor
Expenditure from	
corporate funds	Dallas, TX 75021
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
EXPENDITURE	Accounting/Banking Credit Card Fee
Date	Payee name
04/10/2023	Anedot
Amount (\$)	Payee Address; City; State; Zip
20.30	1920 McKinney Ave 7th Floor
Expenditure from	
corporate funds	Dallas, TX 75201
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking Credit Card Fee
E/M E/IS/10.12	

	The Instruction Guide explains how to	complete this	form.	
Total pages Schedule I: Sch: 2/7 Rpt:	2 FILER NAME Texas Orthopaedic Assn. PAC		3 Filer ID 00034729	(Ethics Commission Filers)
4 Date	5 Payee name	L.		
04/14/2023	Anedot			
6 Amount (\$)	7 Payee Address; City; State; Zip			
30.30	1920 McKinney Ave 7th Floor			
Expenditure from corporate funds	Dallas, TX 75201			
8 PURPOSE OF		() 2 000 inplies.		ling type of information required.)
EXPENDITURE	Accounting/Banking	Credit Card Fe	ee	
Date	Payee name			
04/18/2023	Anedot			
Amount (\$)	Payee Address; City; State; Zip			
8.30	1920 McKinney Ave 7th Floor			
Expenditure from corporate funds	Dallas, TX 75201			
PURPOSE		(b) Description (S	See instructions regard	ling type of information required.)
OF	Accounting/Banking	Credit Card Fe		
EXPENDITURE				
Date	Payee name			
04/18/2023	Anedot			
Amount (\$)	Payee Address; City; State; Zip			
20.30	1920 McKinney Ave 7th Floor			
Expenditure from corporate funds	Dallas, TX 75201			
PURPOSE		(b) Description (S	See instructions regard	ling type of information required.)
OF EXPENDITURE	Accounting/Banking	Credit Card Fe	ee	
Date	Payee name	<u> </u>		
04/18/2023	Anedot			
Amount (\$)	Payee Address; City; State; Zip			
20.30	1920 McKinney Ave 7th Floor			
Expenditure from				
corporate funds	Dallas, TX 75201	I		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (S		ling type of information required.)
EXPENDITURE	Accounting/Banking	Credit Card Fe	ee	
		ı		

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 3/7 Rpt:	2 FILER NAME Texas Orthopaedic Assn. PAC	3 Filer ID (Ethics Commission Filers) 00034729
4 Date	5 Payee name	
04/18/2023	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 OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Accounting/Banking	Credit Card Fee
Date	Payee name	
04/18/2023	Anedot	
Amount (\$)	Payee Address; City; State; Zip	
20.30	1920 McKinney Ave 7th Floor	
Expenditure from	Dollag TV 75201	
corporate funds	Dallas, TX 75201	(Coo instructions regarding these of information required)
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Fee
EXPENDITURE	/ Accounting/ Banking	Credit Card Fee
Date	Payee name	
04/18/2023	Anedot	
Amount (\$)	Payee Address; City; State; Zip	
20.30	1920 McKinney Ave 7th Floor	
Expenditure from	D-II TV 75204	
corporate funds	Dallas, TX 75201	la)
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Fee
EXPENDITURE	, tooounung, zamung	Great Card Fee
Date	Payee name	
04/18/2023	Anedot	
Amount (\$)	Payee Address; City; State; Zip	
8.30	1920 McKinney Ave 7th Floor	
Expenditure from		
corporate funds	Dallas, TX 75201	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	· · · · · · · · · · · · · · · · · · ·
EXPENDITURE	Accounting/Banking	Credit Card Fee

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 4/7 Rpt:	Texas Orthopaedic Assn. PAC 00034729	
4 Date	5 Payee name	
04/19/2023	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) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Accounting/Banking Credit Card Fee	
LAI LIIDII GILL		
Date	Payee name	
04/19/2023	Anedot	
Amount (\$)	Payee Address; City; State; Zip	
8.30	1920 McKinney Ave 7th Floor	
Expenditure from		
corporate funds	Dallas, TX 75201	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Accounting/Banking Credit Card Fee	
LAI LIIDII GILL		
Data	T. Davida maria	
Date 05/18/2023	Payee name Anedot	
Amount (\$)	Payee Address; City; State; Zip	
	1920 McKinney Ave 7th Floor	
8.30	1920 Wickinitely Ave 7th Floor	
Expenditure from corporate funds	Dallas, TX 75201	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Accounting/Banking Credit Card Fee	
Dete	T. Barrer 2000	
Date 06/07/2023	Payee name Anedot	
Amount (\$)	Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor	
30.30	1920 MCNITTIES AVE 7111 F1001	
Expenditure from corporate funds	Dallas, TX 75201	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
OF	Accounting/Banking Credit Card Fee	
EXPENDITURE		
	· · · · · · · · · · · · · · · · · · ·	

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/7 Rpt:	Texas Orthopaedic Assn. PAC	00034729
4 Date	5 Payee name	
06/14/2023	Anedot	
6 Amount (\$)	7 Payee Address; City; State; Zip	
80.30	1920 McKinney Ave 7th Floor	
Expenditure from corporate funds	Dallas, TX 75201	
8 PURPOSE		(b) Description (See instructions regarding type of information required.)
OF	Accounting/Banking	Credit Card Fee
EXPENDITURE		
Date	Payee name	
06/14/2023	Anedot	
Amount (\$)	Payee Address; City; State; Zip	
40.30	1920 McKinney Ave 7th Floor	
Expenditure from	Dallas, TX 75201	
corporate funds	·	(Contractivations respecting to the of information required)
PURPOSE OF	Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Fee
EXPENDITURE	, tooodriung, Barining	Great Card Fee
Date	Payee name	
06/14/2023	Anedot	
Amount (\$)	Payee Address; City; State; Zip	
40.30	1920 McKinney Ave 7th Floor	
Expenditure from	D. II. T. (75004	
corporate funds	Dallas, TX 75201	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit Card Fee
EXPENDITURE	Accounting/Banking	Credit Card Fee
Date	Payee name	
06/19/2023	Anedot	
Amount (\$)	Payee Address; City; State; Zip	
30.30	1920 McKinney Ave 7th Floor	
Expenditure from		
corporate funds	Dallas, TX 75201	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	· · · · · · · · · · · · · · · · · · ·
EXPENDITURE	Accounting/banking	Credit Card Fee

	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	7 Payee Address; City; State; Zip 1920 McKinney Ave 7th Floor	
Expenditure from corporate funds	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 06/19/2023	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	Payee name	
01/25/2023	PayPal	
Amount (\$)	Payee Address; City; State; Zip 2211 N First St	
14.94 Expenditure from corporate funds	San Jose, TX 95131	
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 02/02/2023	Payee name PayPal	
Amount (\$) 130.54 Expenditure from corporate funds	Payee Address; City; State; Zip 2211 N First St San Jose, TX 95131	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required.) Credit Card Fee
	,	

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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 Expenditure from corporate funds	7 Payee Address; City; State; Zip 3503 Wild Cherry Dr Ste 5 Lakeway, TX 78738		
8 PURPOSE OF EXPENDITURE	(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		