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 3 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** 01/01/2024 01/25/2024 **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 reported on the final day. In addition, the spreadsheet formula failed to include a decimal place for one of the contributions for Shannon Cooke, which resulted in the original filing being off by approximately 20 cents. 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 AFFIX NOTARY STAMP / SEAL ABOVE

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

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 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) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 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 File	er ID (E	thics Commission Filers)
Texas Orthopaedic As	ssn. PAC		000	34729	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Suleman Lalani M.	D. State Represe	ntative	
(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.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTH DR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
		_ CONTRIBUTIONS DGES, LOANS, OR GUARANTEES O	OF LOANS)	\$	2,286.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	_ EXPENDITURES		\$	8,050.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	11,294.54	
OUTSTANDING LOAN TOTALS	I	MOUNT OF ALL OUTSTANDING LO EPORTING PERIOD	OANS AS OF THE	\$	0.00
6 AFFIDAVIT					
		I swear, or affirm, under true and correct and inc under Title 15, Election	ludes all information		
			Dr. Luis H. Urr	02	
		Sig	gnature of Campaign		
ΔΕΕΙΥ ΝΌΤΑΡ	Y STAMP / SEAL ABOVE	Ο,	5		
		history was a second and a select of			day
ot	, 20, to certify \	hich, witness my hand and seal of off	ice.		
Signature of officer a	administering oath	Printed name of officer administering of	oath Title	e of officer a	dministering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

			13 Filer ID	(Ethics Commission Filers)
n. PAC			00034729	
Candidates (Identify by name or, if applicable, classify by party.)		Steve Allison State Representa	tive	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Donna Campbell M.D. State Se	enator	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if				
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Opposed 3. Opposed A. Supported B. Opposed B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Donna Campbell M.D. State Set (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Donna Campbell M.D. State Set (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Donna Campbell M.D. State Set (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported Donna Campbell M.D. State Senator (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Donna Campbell M.D. State Senator B. Opposed A. Supported Donna Campbell M.D. State Senator (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed A. Supported Donna Campbell M.D. State Senator (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			5 of 8
		18 Filer ID 00034729	(Ethics Commission Filers)
HEDULE	SUBTOTAL AMOUNT		
ME OF S	30BTOTAL AMOUNT		
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$ 2,286.80
	\$		
		\$	
	\$		
	\$		
	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
	\$		
	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	DRGANIZATION	\$
	SCHEDULE E: LOANS		\$
Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 8,050.00
	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$
	I A SORTING TO SORTING	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOO ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FROM POLITICAL CONTRIBUTIONS	ASS ORTHOPAEDIC ASSN. PAC #EDULE SUBTOTALS #EOF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F5: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F6: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F6: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F6: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	MONET	ARY POLITICAL CONTRIBUTION	Λ	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 6/8	
2	FILER NAME Texas Ortho	FILER NAME Texas Orthopaedic Assn. PAC			3	Filer ID (Ethics Commission 00034729	n Filers)
4	Date 01/23/2024	 Full name of contributor out-of-state PAC (ID#:_Bruggeman M.D., Adam Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$191.70
_		San Antonio, TX 78261	-				
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self-employed	5)		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#:_ Cooke, Shannon Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$95.70
	<u> </u>	Abilene, TX 79605	_	5 1 (0 1 1 1			
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self-employed	5)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_Finnegan M.D., Maureen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		Hico, TX 76457					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self-employed	s)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_ Hayden, Shawn (Dr.) Contributor address; City; State; Zip Code Plano, TX 75093)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	<u>I</u> 5)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_Malek, Farbod (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78229)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	s)		
			•				

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 2/2 Rpt: 7/8
FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Ortho	ppaedic Assn. PAC		00034729
—		7 Amount of Contribution (\$) \$719.7	
	McAllen, TX 78504		
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instruction Self-employed	ns)
Date 01/16/2024	Speight Grimes, J. Contributor address; City; State; Zip Code		Amount of Contribution (\$)
Principal occu Physician	1	Employer (See Instruction Self-employed	ns)
	The Instru FILER NAME Texas Ortho Date 01/16/2024 Principal occu Physician Date 01/16/2024	The Instruction Guide explains how to complete this filer NAME Texas Orthopaedic Assn. PAC Date 01/16/2024 5 Full name of contributor out-of-state PAC (ID#: Owen M.D., K. Kip 6 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Physician Date 5 Full name of contributor out-of-state PAC (ID#: O1/16/2024 Speight Grimes, J. Contributor address; City; State; Zip Code Lubbock, TX 79410 Principal occupation / Job title (See Instructions)	FILER NAME Texas Orthopaedic Assn. PAC Date Ol/16/2024 General Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Physician Full name of contributor out-of-state PAC (ID#:

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 8/8	Texas Orthopaedic Assn. PAC	00034729
4 Date	5 Payee name	<u> </u>
01/24/2024	Friends of Donna Campbell	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$4,000.00	1308 Common St Ste 2015	
	Box 713	
Expenditure from corporate funds	New Braunfels, TX 78130	
8 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.
LAI LABITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Donna Campbell, STATE SENATE 25 TX
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gnt Onice neid
Dete		
Date	Payee name	
01/12/2024	Raeta Insurance Group Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1,050.00	3503 Wild Cherry Dr Ste 5	
Expenditure from		
corporate funds	Austin, TX 78738	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Liability insurance	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TOPAC board of directors liability insurance expense
		,
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		
Date	Payee name	
01/10/2024	Steve Allison Campaign	
Amount (\$)	Payee address; City; State; Zip Co	nde.
\$3,000.00	14546 Brook Hollow Blvd	
40,000.00	Box #511	
Expenditure from	San Antonio, TX 78232	
corporate funds		(a) -
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Steve Allison, STATE HOUSE 121st TX
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	+	