

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00058206	<b>2</b> Total pages filed: 23
<b>3</b> COMMITTEE NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/07/2025	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12050 Vance Jackson Road Suite #102 San Antonio, TX 78230		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Ms. Lisa A.	
	NICKNAME LAST SUFFIX	Aguilar	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12050 Vance Jackson Rd. Ste. 102 San Antonio, TX 78230		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12050 Vance Jackson Rd. Ste. 102 San Antonio, TX 78230		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12050 Vance Jackson Rd. Ste. 102 San Antonio, TX 78230		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12050 Vance Jackson Rd. Ste. 102 San Antonio, TX 78230		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	988-0960	
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination		
	<input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/01/2024		12/31/2024
<b>11</b> ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" 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 Oral and Maxillofacial Surgeons Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00058206
--	---

<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,241.65
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 45,088.69
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Lisa A. Aguilar  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00058206
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,241.65
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/20 Rpt: 4/23
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aleman, Brynann (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Sugar Land , TX 77479	
8 Principal occupation / Job title (See Instructions) OMS		9 Employer (See Instructions)
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alfi, David (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston , TX 77030	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alfi, David (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston , TX 77030	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amarista, Felix (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balandran, Steven (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Spring, TX 77379	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/20 Rpt: 5/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 11/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrett, George (Dr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424	
<b>8</b> Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		<b>9</b> Employer (See Instructions) self
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brockhoff, Hans (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buckley, Steven (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cain, William Curt (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Andrew (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Killeen, TX 76542	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeons		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: 3/20 Rpt: 6/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 08/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carrillo, Francisco (Dr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	
<b>8</b> Principal occupation / Job title (See Instructions) OMS		<b>9</b> Employer (See Instructions)
<b>Date</b> 07/08/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clarot, Samuel (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78215	
<b>Principal occupation / Job title (See Instructions)</b> OMS		<b>Employer (See Instructions)</b>
<b>Date</b> 11/11/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clarot, Samuel (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78215	
<b>Principal occupation / Job title (See Instructions)</b> OMS		<b>Employer (See Instructions)</b>
<b>Date</b> 07/15/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cockrell, Rex (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258	
<b>Principal occupation / Job title (See Instructions)</b> Oral & Maxillofacial Surgeon		<b>Employer (See Instructions)</b> self
<b>Date</b> 11/03/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooper-Newland, Deborah (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Bellaire, TX 77401	
<b>Principal occupation / Job title (See Instructions)</b> Oral & Maxillofacial Surgeon		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/20 Rpt: 7/23
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Mark (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Frisco, TX 75034	
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions) self
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Deljavan, Nima (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76116	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Demian, Nagi (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77030	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Diaz, Manuel (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77034	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ding, Michael (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/20 Rpt: 8/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 11/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dombrowski, Jeffrey (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrollton , TX 75010	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) OMS		<b>9</b> Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyke, Jeffrey (Dr.) <hr/> Contributor address; City; State; Zip Code  McAllen , TX 78504	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Franco, James (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Furchtgott, Natasha (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giglou, Kamyar (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76244	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/20 Rpt: 9/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Luis (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77429	
<b>8</b> Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		<b>9</b> Employer (See Instructions) self
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanna, Issa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston , TX 77030	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison II, Craig (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76132	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hijano, Ivan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77077	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Houari, Sammy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Prosper, TX 75078	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/20 Rpt: 10/23
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunsaker, Robert (Dr.) ..... 6 Contributor address; City; State; Zip Code  Austin, TX 78734	7 Amount of Contribution (\$)  \$200.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions) self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Porchia (Dr.) ..... Contributor address; City; State; Zip Code  Frisco, TX 75033	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Christopher (Dr.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaleem, Arshad (Dr.) ..... Contributor address; City; State; Zip Code  El Paso , TX 79925	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koo, Steven (Dr.) ..... Contributor address; City; State; Zip Code  houston , TX 77063	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/20 Rpt: 11/23
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 07/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lew, Kevin (Dr.) ..... 6 Contributor address; City; State; Zip Code  Austin, TX 78705	7 Amount of Contribution (\$)  \$200.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lin, Sheng Chuan (Dr.) ..... Contributor address; City; State; Zip Code  Bee Cave , TX 78738	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loh, Li Hsing (Dr.) ..... Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loh, Li Hsing (Dr.) ..... Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKnight , Mitchell (Dr.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/20 Rpt: 12/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 10/31/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNeill, Robert (Dr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Garland, TX 75040	
<b>8</b> Principal occupation / Job title (See Instructions) OMS		<b>9</b> Employer (See Instructions)
<b>Date</b> 11/07/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPhillips, Andrea (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Stephenville, TX 76401	
<b>Principal occupation / Job title (See Instructions)</b> Oral & Maxillofacial Surgeon		<b>Employer (See Instructions)</b> self
<b>Date</b> 12/17/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPhillips, John (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Bedford, TX 76021	
<b>Principal occupation / Job title (See Instructions)</b> Oral & Maxillofacial Surgeon		<b>Employer (See Instructions)</b> self
<b>Date</b> 10/31/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moses, Jeffrey (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78132	
<b>Principal occupation / Job title (See Instructions)</b> OMS		<b>Employer (See Instructions)</b>
<b>Date</b> 11/03/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mosquera, Camillo (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Galveston, TX 77555	
<b>Principal occupation / Job title (See Instructions)</b> OMS		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/20 Rpt: 13/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 11/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Thinh (Dr.)	<b>7</b> Amount of Contribution (\$)  \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79119	
<b>8</b> Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		<b>9</b> Employer (See Instructions) Self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ornstein, Sharon (Dr.)	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code  Frisco, TX 75034	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parekh, Ketan (Dr.)	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code  Rockwell, TX 75032	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Park, Jin (Dr.)	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code  Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parmer, David (Dr.)	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76244	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/20 Rpt: 14/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 12/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patton, Michael (Dr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	
<b>8</b> Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		<b>9</b> Employer (See Instructions)
<b>Date</b> 11/03/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pavelka, Jason (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Oral & Maxillofacial Surgeon		<b>Employer (See Instructions)</b> self
<b>Date</b> 12/03/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, Daniel (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78229	
<b>Principal occupation / Job title (See Instructions)</b> OMS		<b>Employer (See Instructions)</b>
<b>Date</b> 11/03/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quirk, George (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77063	
<b>Principal occupation / Job title (See Instructions)</b> OMS		<b>Employer (See Instructions)</b>
<b>Date</b> 09/13/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Samuel (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75080	
<b>Principal occupation / Job title (See Instructions)</b> OMS		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/20 Rpt: 15/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 07/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sader-Verde, Gonzalo (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77429	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		<b>9</b> Employer (See Instructions)
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salgueiro, Martin (Dr.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79106	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schafer, Brad (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seeba, Garrett (Dr.) <hr/> Contributor address; City; State; Zip Code  Webster, TX 77598	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shepard, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77063	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/20 Rpt: 16/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 11/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shirley, Brett	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>6</b> Contributor address; City; State; Zip Code  Nacogoches, TX 75965		
<b>8</b> Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		<b>9</b> Employer (See Instructions) self
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shrewsberry, Cecil (Dr.)	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code  Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siew, Michael (Dr.)	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code  El Paso, TX 79925		
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Scott (Dr.)	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code  Houston , TX 77030		
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spingola, Dean (Dr.)	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code  Irving, TX 75063		
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/20 Rpt: 17/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 12/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stroia, Luciano (Dr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550	
<b>8</b> Principal occupation / Job title (See Instructions) OMS		<b>9</b> Employer (See Instructions)
<b>Date</b> 11/04/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, David (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Houston , TX 77005	
<b>Principal occupation / Job title (See Instructions)</b> Oral & Maxillofacial Surgeon		<b>Employer (See Instructions)</b> Self
<b>Date</b> 11/03/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tye, Christopher (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  colleyville, TX 76034	
<b>Principal occupation / Job title (See Instructions)</b> doctor		<b>Employer (See Instructions)</b> self
<b>Date</b> 12/18/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vergara, Sandra (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Wichita Falls, TX 76309	
<b>Principal occupation / Job title (See Instructions)</b> OMS		<b>Employer (See Instructions)</b>
<b>Date</b> 08/22/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Verrett, Adam (Dr.)	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78229	
<b>Principal occupation / Job title (See Instructions)</b> Oral & Maxillofacial Surgeon		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 15/20 Rpt: 18/23
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 12/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallace, John (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75231	
8 Principal occupation / Job title (See Instructions) OMS		9 Employer (See Instructions)
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walstad, William (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warren, R. Scott (Dr.)	Amount of Contribution (\$) \$1,041.65
	Contributor address; City; State; Zip Code  Waco, TX 76712	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waters, Patrick (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeons		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weil, Thomas M. (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77063	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/20 Rpt: 19/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 11/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wendling, Bert (Dr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 76262	
<b>8</b> Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		<b>9</b> Employer (See Instructions) Self
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitcomb, Michael (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Grapevine, TX 76051	
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeons		Employer (See Instructions)
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zarroug, Najy (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Round Rock , TX 78681	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zuniga, John (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Dallas, TX 75390	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) al-obaidi, mohammed (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  dallas, TX 75208	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/20 Rpt: 20/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 11/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) al-obaidi, mohammed (Dr.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  dallas, TX 75208	
<b>8</b> Principal occupation / Job title (See Instructions) doctor		<b>9</b> Employer (See Instructions) self
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) anver, tamir	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  flower mound, TX 75028	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) bates, James (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  dallas, TX 75205	
Principal occupation / Job title (See Instructions) Surgeon		Employer (See Instructions) Self
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) bonasso, franklin (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  austin, TX 78705	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) chavda, anish (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77049	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/20 Rpt: 21/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 10/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) dar, samer <hr/> <b>6</b> Contributor address; City; State; Zip Code  houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) OMS		<b>9</b> Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) evans, todd <hr/> Contributor address; City; State; Zip Code  temple, TX 76502	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) franco, pedro (Dr.) <hr/> Contributor address; City; State; Zip Code  irving, TX 75062	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) gossett, james (Dr.) <hr/> Contributor address; City; State; Zip Code  new braunfels, TX 78132	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) lopez, jose (Dr.) <hr/> Contributor address; City; State; Zip Code  houston, TX 77056	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 19/20 Rpt: 22/23
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) lovoi, john (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  league city, TX 77573	
8 Principal occupation / Job title (See Instructions) doctor		9 Employer (See Instructions)
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) marshall, Scott (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  El Paso, TX 79912	
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) rasmussen, jay (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  austin, TX 78746	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) read, lance (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  temple, TX 76508	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) shillingburg, john (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  flower mound, TX 75028	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/20 Rpt: 23/23
<b>2</b> FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00058206
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) vance, phillip (Dr.) <b>6</b> Contributor address; City; State; Zip Code  temple, TX 76508	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) doctor		<b>9</b> Employer (See Instructions) self
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) wang, tim kun Contributor address; City; State; Zip Code  wichita falls, TX 76308	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) wang, tim kun Contributor address; City; State; Zip Code  wichita falls, TX 76308	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)