

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00034729	2 Total pages filed: 10	
3 COMMITTEE NAME Texas Orthopaedic Assn. PAC			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 07/12/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Suite 820 Austin, TX 78701			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Luis H. NICKNAME LAST SUFFIX Urrea II			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street Suite 820 Austin, TX 78701			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street #820 Austin, TX 78701			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 728-7672			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Orthopaedic Assn. PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00034729
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported    Rep. Nicole Collier    State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <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)	\$ 11,345.45
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 6,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 5,829.09
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00
<b>16 AFFIDAVIT</b>  <div style="text-align: right; margin-top: 20px;">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.</div> <div style="text-align: right; margin-top: 20px;">_____ Dr. Luis H. Urrea II Signature of Campaign Treasurer</div> <div style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</div> <div style="margin-top: 20px;">Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</div> <div style="margin-top: 20px;">_____ Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath</div>		

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 3 of 10

<b>12 COMMITTEE NAME</b> Texas Orthopaedic Assn. PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00034729
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Elizabeth Campos State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>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.)
B. Opposed		
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported
		B. Opposed
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
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<b>17 COMMITTEE NAME</b> Texas Orthopaedic Assn. PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00034729
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,345.45
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input 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>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 5/10
<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 01/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balldin M.D., Bjorn <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$959.70
<b>8</b> Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		<b>9</b> Employer (See Instructions) Self
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruggeman M.D., Adam <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78231	Amount of Contribution (\$)  \$191.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruggeman M.D., Adam <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78231	Amount of Contribution (\$)  \$191.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruggeman M.D., Adam <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78231	Amount of Contribution (\$)  \$191.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruggeman M.D., Adam <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78231	Amount of Contribution (\$)  \$191.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 6/10
<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 05/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruggeman M.D., Adam <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78231	<b>7</b> Amount of Contribution (\$)  \$191.70
<b>8</b> Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		<b>9</b> Employer (See Instructions) Self
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruggeman M.D., Adam <hr/> Contributor address; City; State; Zip Code  Frisco, TX 78231	Amount of Contribution (\$)  \$191.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callewart M.D., Craig <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Central Texas Pediatric Orthopedics & Scoliosis Surgery <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan M.D., Jonathan <hr/> Contributor address; City; State; Zip Code  Bulverde, TX 78163	Amount of Contribution (\$)  \$479.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 7/10
<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 03/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Early M.D., John <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225	<b>7</b> Amount of Contribution (\$)  \$959.70
<b>8</b> Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		<b>9</b> Employer (See Instructions) Self
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis M.D., Henry Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$79.71
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis M.D., Henry Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$79.71
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis M.D., Henry Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$79.71
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis M.D., Henry Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$79.71
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 8/10
<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 05/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis M.D., Henry <hr/> <b>6</b> Contributor address; City; State; Zip Code Frisco, TX 75034	<b>7</b> Amount of Contribution (\$) \$79.71
<b>8</b> Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		<b>9</b> Employer (See Instructions) Self
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayden M.D., Shawn <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Orthopaedic surgeon		Employer (See Instructions) Self
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jafarnia M.D., Kourosh <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$479.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones M.D., Zach <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$239.70
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions) Self
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk D.O., Kevin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$959.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 9/10
<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 03/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKay M.D., Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79102	<b>7</b> Amount of Contribution (\$)  \$239.70
<b>8</b> Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		<b>9</b> Employer (See Instructions) Retired
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez M.D., Jose <hr/> Contributor address; City; State; Zip Code  Houston, TX 77063	Amount of Contribution (\$)  \$479.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royer M.D., Christian <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$479.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urrea M.D., Luis <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79922	Amount of Contribution (\$)  \$959.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urrea M.D., Robert <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 79925	Amount of Contribution (\$)  \$959.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 10/10	<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 06/24/2025	<b>5</b> Payee name Campos, Elizabeth (Rep.)	
<b>6</b> Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1028 Rigsby  San Antonio, TX 78210	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2025	Payee name Collier, Nicole (Rep.)	
Amount (\$) \$3,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 101 S. Jennings Suite 103C  Fort Worth, TX 76014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held