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): 00016783

2 Total pages filed: 10

3 COMMITTEE NAME: Bexar PAC

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 01/06/2026

Date Hand-delivered or Date Postmarked:

Receipt # | Amount:

Date Processed:

Date Imaged:

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

24348 Cherry Spring

San Antonio, TX 78255

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: Dr.
FIRST: John R.
MI:
NICKNAME:
LAST: Holcomb
SUFFIX: M.D.

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

24348 Cherry Spring

San Antonio, TX 78255

7 CAMPAIGN TREASURER MAILING ADDRESS

☐ Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4410 Medical Dr. #320

San Antonio, TX 78229

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 452-2541

9 REPORT TYPE

- [X] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Dissolution (Attach PAC-DR)
- [ ] 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year: 07/01/2025 THROUGH Month Day Year: 12/31/2025

11 ELECTION

ELECTION DATE: Month Day Year: 11/04/2025

ELECTION TYPE

- [ ] Primary
- [X] General
- [ ] Runoff
- [ ] Special
- [ ] Other

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)
Bexar PAC	00016783

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 11,650.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 AFFIDAVIT

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

Dr. John R. Holcomb M.D.

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

FORM GPAC

COVER SHEET PG 3

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
Bexar PAC	00016783

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 11,650.02
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$**
4.	[ ]	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
5.	[ ]	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
6.	[ ]	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
7.	[ ]	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
8.	[ ]	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
9.	[ ]	SCHEDULE E: LOANS	**$**
10.	[ ]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
11.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
12.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
13.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
14.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
15.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/10

2 FILER NAME: Bexar PAC

3 Filer ID (Ethics Commission Filers): 00016783

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/07/2025	Ayala M.D., Jane (Dr.)	$100.00
	6 Contributor address; City; State; Zip Code: san antonio, TX 78249	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Rheumatology Associates of South Texas

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/07/2025	Ayala M.D., Jane (Dr.)	$100.00
	Contributor address; City; State; Zip Code: san antonio, TX 78249	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Rheumatology Associates of South Texas

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/07/2025	Ayala M.D., miguel (Dr.)	$15.00
	Contributor address; City; State; Zip Code: san antonio, TX 78222	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	self

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/07/2025	Bauman M.D., Wendall (Dr.)	$250.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78233	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Retina Institute of South Texas

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/07/2025	Bilitsos M.D., Theodore	$100.00
	Contributor address; City; State; Zip Code: TX 78249	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
	self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/10

2 FILER NAME: Bexar PAC

3 Filer ID (Ethics Commission Filers): 00016783

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
07/07/2025	Church, Daniel G. (Dr.)	$100.00
	6 Contributor address; City; State; Zip Code: San Antonio, TX 78229	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/07/2025	Clement IV, John P. (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	South Texas Radiology Group, PA

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/07/2025	Dix, MD, James E (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	STRG

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/07/2025	Duncan MD, Charles (Dr.)	$100.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	self

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/07/2025	Duncan MD, Charles (Dr.)	$50.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/10

2 FILER NAME: Bexar PAC

3 Filer ID (Ethics Commission Filers): 00016783

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/07/2025	Earle M.D., Stephen	$250.00
	6 Contributor address; City; State; Zip Code: Live Oak, TX 78233	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Garza M.D., Carmen	$25.02
	Contributor address; City; State; Zip Code: san antonio, TX 78249	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Glick, Jonathan	$10.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78258	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Hinchey, MD M.D., John (Dr.)	$250.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Mehta, Amit (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229-5907	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/10

2 FILER NAME: Bexar PAC

3 Filer ID (Ethics Commission Filers): 00016783

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/07/2025	Mein, Calvin E. (Dr.)	$250.00
	6 Contributor address; City; State; Zip Code: san antonio, TX 78249	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Retinal Consultants of San Antonio

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Middlebrook, MD, Michael Rhodes (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Miller, castenada (Dr.)	$100.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78218	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Texas Dermatology

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Orsi, MD, Michael (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	South Texas Radiology Group

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Reinsmith, MD, Lance E. (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	STRG

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/10

2 FILER NAME: Bexar PAC

3 Filer ID (Ethics Commission Filers): 00016783

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/07/2025	Rennie M.D., Thomas	$100.00
	6 Contributor address; City; State; Zip Code: San Antonio, TX 78249	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Shetty, MD, Ashwin Kumar (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	South Texas Radiology Group

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Smith M.D., J.	$250.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78249	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Stocker M.D., Allison	$100.00
	Contributor address; City; State; Zip Code: TX 78249	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Thompson, MD, Gregory W. (Dr.)	$250.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78232-4374	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/10

2 FILER NAME: Bexar PAC

3 Filer ID (Ethics Commission Filers): 00016783

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
07/07/2025	Tibbetts, MD, Todd A. (Dr.)	$1,000.00
	6 Contributor address; City; State; Zip Code: San Antonio, TX 78229	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
physician	STRG

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Tubb M.D., Benjamin E. (Dr.)	$1,000.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78229	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	South Texas Radiology Group

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Wellford MDDDS, Armistead	$100.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78249	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
physician	self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	Yoo M.D., Harrison	$50.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78249	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
	self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
07/07/2025	anders M.D., gregg (Dr.)	$50.00
	Contributor address; City; State; Zip Code: san antonio, TX 78212	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 7/7 Rpt: 10/10

2 FILER NAME
Bexar PAC

3 Filer ID (Ethics Commission Filers)
00016783

4 Date
07/07/2025

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
comfort M.D., kevin

6 Contributor address; City; State; Zip Code
San Antonio, TX 78249

7 Amount of Contribution ($)
$50.00

8 Principal occupation / Job title (See Instructions)
Physician

9 Employer (See Instructions)
self