

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) 00058206	2 Total pages filed: 24	
3 COMMITTEE NAME Texas Oral and Maxillofacial Surgeons Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 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 12050 Vance Jackson Road Suite #102 San Antonio, TX 78230			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Lisa A. NICKNAME LAST SUFFIX Aguilar			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12050 Vance Jackson Rd. Ste. 102 San Antonio, TX 78230			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12050 Vance Jackson Rd. Ste. 102 San Antonio, TX 78230			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 988-0960			
9 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			
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input 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

12 COMMITTEE NAME Texas Oral and Maxillofacial Surgeons Political Action Committee	13 Filer ID (Ethics Commission Filers) 00058206
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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) <input type="checkbox"/> 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)	\$ 38,640.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 151,722.22
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.

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**FORM GPAC**
COVER SHEET PG 3
3 of 24

17 COMMITTEE NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		18 Filer ID (Ethics Commission Filers) 00058206
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 38,640.00
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	\$ 30,000.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/20 Rpt: 4/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarista, Felix (Dr.) 6 Contributor address; City; State; Zip Code San Antonio, TX 78229	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arango, Andrew (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett, George (Dr.) Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs, Michaelanne (Dr.) Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Andrew (Dr.) Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeons		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/20 Rpt: 5/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmichael, Ryan (Dr.) 6 Contributor address; City; State; Zip Code Dallas, TX 75220	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions)
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Luis (Dr.) Contributor address; City; State; Zip Code Tyler , TX 75701	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Larry (Dr.) Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Larry (Dr.) Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Larry (Dr.) Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/20 Rpt: 6/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Larry (Dr.) 6 Contributor address; City; State; Zip Code Waco, TX 76712	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Larry (Dr.) Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Larry (Dr.) Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauterive, Christopher (Dr.) Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mark (Dr.) Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/20 Rpt: 7/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 07/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Manuel (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77034	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) OMS		9 Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dombrowski, Jeffrey (Dr.) <hr/> Contributor address; City; State; Zip Code Carrollton , TX 75010	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgin, Wendell (Dr.) <hr/> Contributor address; City; State; Zip Code Fair Oaks Ranch , TX 78015	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eftekhari, Siavash (Dr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) Self
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eggleston, Todd (Dr.) <hr/> Contributor address; City; State; Zip Code Austin , TX 78703	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/20 Rpt: 8/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Andrew (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Sherman, TX 75092	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) OMS		9 Employer (See Instructions)
Date 11/17/2025	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 (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Michael <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		Employer (See Instructions) Self
Date 08/11/2025	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 (\$) \$500.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbins, Reed (Dr.) <hr/> Contributor address; City; State; Zip Code Forney, TX 75126	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/20 Rpt: 9/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Luis (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77429	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions) self
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorme, Neil (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Barbra (Dr.) <hr/> Contributor address; City; State; Zip Code Houston , TX 77015	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison II, Craig (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Arthur (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/20 Rpt: 10/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huang, Michael (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77904	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions) Self
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunsaker, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Porchia (Dr.) <hr/> 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 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaul, Danielle (Dr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$420.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/20 Rpt: 11/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 08/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jason (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79765	7 Amount of Contribution (\$) \$420.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$420.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$420.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$420.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$420.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/20 Rpt: 12/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaleem, Arshad (Dr.) 6 Contributor address; City; State; Zip Code El Paso , TX 79925	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		9 Employer (See Instructions)
Date 09/23/2025	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 (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labella, Carl (Dr.) Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lam, Nguyen (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79925	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Simon (Dr.) Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/20 Rpt: 13/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight , Mitchell (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) OMS		9 Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeill, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Garland, TX 75040	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz-Luciano, Oscar (Dr.) <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nakashima, Grant (Dr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nakashima, Grant (Dr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/20 Rpt: 14/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 07/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oh, Michael (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75390	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) OMS		9 Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pace, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75077	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) Self
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmer, David (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parnell, Ryan (Dr.) <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77381	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, G. Kevin <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/20 Rpt: 15/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugao, Reo (Dr.) 6 Contributor address; City; State; Zip Code El Paso, TX 79925	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, John Michael (Dr.) Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read-Fuller, Andrew (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75246	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read-Fuller, Andrew (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75246	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read-Fuller, Andrew (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75246	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/20 Rpt: 16/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read-Fuller, Andrew (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75246	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read-Fuller, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75246	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanovich, Randy (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 12/08/2025	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 (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaulin, Brian (Dr.) <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/20 Rpt: 17/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlieve, Tom (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75390	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Brett <hr/> Contributor address; City; State; Zip Code Nacogoches, TX 75965	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shy, Kelly (Ms.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siew, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79925	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starck, William (Dr.) <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/20 Rpt: 18/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, John (Dr.) 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) OMS		9 Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troconis, Juan (Dr.) Contributor address; City; State; Zip Code Round Rock , TX 78681	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) Self
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vega, Josue (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walstad, William (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, R. Scott (Dr.) Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$420.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/20 Rpt: 19/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, R. Scott (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712	7 Amount of Contribution (\$) \$420.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, R. Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$420.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, R. Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$420.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, R. Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$420.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, R. Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$420.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/20 Rpt: 20/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Edmund (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston , TX 77080	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeon		9 Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendling, Bert (Dr.) <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) Self
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitcomb, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral Maxillofacial Surgeons		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Raymond (Dr.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Nathan (Dr.) <hr/> Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/20 Rpt: 21/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaidi, Ahmed (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75062	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) OMS		9 Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) al-obaidi, mohammed (Dr.) <hr/> Contributor address; City; State; Zip Code dallas, TX 75208	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) anver, tamir <hr/> Contributor address; City; State; Zip Code flower mound, TX 75028	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) OMS		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) azhar, deeba (Dr.) <hr/> Contributor address; City; State; Zip Code webster, TX 77598	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) finn , maxwell <hr/> Contributor address; City; State; Zip Code dallas, TX 75230	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/20 Rpt: 22/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hoffman, david (Dr.) <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77381	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		9 Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) marshall, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) mccartney, colin (Dr.) <hr/> Contributor address; City; State; Zip Code garland, TX 75041	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rasmussen, jay (Dr.) <hr/> Contributor address; City; State; Zip Code austin, TX 78746	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) self
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) roblesgil, bernardo <hr/> Contributor address; City; State; Zip Code pasadena, TX 77504	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/20 Rpt: 23/24
2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action Committee		3 Filer ID (Ethics Commission Filers) 00058206
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) shillingburg, john (Dr.) <hr/> 6 Contributor address; City; State; Zip Code flower mound, TX 75028	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) doctor		9 Employer (See Instructions)
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) simpson, charles (Dr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) steele, darrell (Dr.) <hr/> Contributor address; City; State; Zip Code coppel, TX 75019	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) vance, phillip (Dr.) <hr/> Contributor address; City; State; Zip Code temple, TX 76508	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) doctor		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.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 24/24	2 FILER NAME Texas Oral and Maxillofacial Surgeons Political Action	3 Filer ID (Ethics Commission Filers) 00058206
4 Date 07/31/2025	5 Payee name Abbott, Greg (The Honorable)	
6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 308 Austin , TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2025	Payee name Abbott, Greg (The Honorable)	
Amount (\$) \$15,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 308 Austin , TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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
Date 07/31/2025	Payee name Burrows, Dustin (Rep.)	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10507 Quaker Avenue Suite #103 Lubbock , TX 79424	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(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