

**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 # <input type="text"/> Amount <input type="text"/> 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 Ms. Lisa A.	MI				
	NICKNAME LAST SUFFIX Aguilar				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 12050 Vance Jackson Rd. Ste. 102 San Antonio, TX 78230	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 12050 Vance Jackson Rd. Ste. 102 San Antonio, TX 78230	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (210) 988-0960	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year	Primary General	Runoff Special	ELECTION TYPE Other	

GO TO PAGE 2

**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
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		
<p>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.</p> <p>Ms. Lisa A. Aguilar _____ Signature of Campaign Treasurer</p>		
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	
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.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78229	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Dallas, TX 75225	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Lubbock, TX 79424	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Georgetown, TX 78626	
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.)	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

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.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75220	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Tyler , TX 75701	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Waco, TX 76712	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Waco, TX 76712	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Waco, TX 76712	
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.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Waco, TX 76712	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Waco, TX 76712	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Waco, TX 76712	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Cypress, TX 77433	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Frisco, TX 75034	
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.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Houston, TX 77034	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Carrollton , TX 75010	
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.)	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Fair Oaks Ranch , TX 78015	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Frisco, TX 75034	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Austin , TX 78703	
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.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code Sherman, TX 75092	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Michael	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Tomball, TX 77377	
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.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Oral & Maxillofacial Surgeon		Employer (See Instructions) self
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbins, Reed (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Forney, TX 75126	
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.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code Cypress, TX 77429	
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.)	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 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Barbra (Dr.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Houston , TX 77015	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code San Antonio, TX 78216	
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.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Katy, TX 77904	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Austin, TX 78734	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Frisco, TX 75033	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Tyler, TX 75701	
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.)	Amount of Contribution (\$) \$420.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
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.)	7 Amount of Contribution (\$) \$420.00
	6 Contributor address; City; State; Zip Code Odessa, TX 79765	
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.)	Amount of Contribution (\$) \$420.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
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.)	Amount of Contribution (\$) \$420.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
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.)	Amount of Contribution (\$) \$420.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
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.)	Amount of Contribution (\$) \$420.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
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.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code El Paso , TX 79925	
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.)	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code houston , TX 77063	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Helotes, TX 78023	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code El Paso, TX 79925	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
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.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75231	
8 Principal occupation / Job title (See Instructions) OMS		9 Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeill, Robert (Dr.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Garland, TX 75040	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77382	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Georgetown, TX 78626	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Georgetown, TX 78626	
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.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75390	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75077	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76244	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77381	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Rockwall, TX 75032	
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.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code El Paso, TX 79925	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Plano, TX 75023	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Dallas, TX 75246	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Dallas, TX 75246	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Dallas, TX 75246	
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.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75246	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Dallas, TX 75246	
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.)	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)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schafer, Brad (Dr.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
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.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75390	
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	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Nacoghoches, TX 75965	
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.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78230	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code El Paso, TX 79925	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Keller, TX 76248	
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.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75225	
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.)	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 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vega, Josue (Dr.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code San Antonio, TX 78258	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Dallas, TX 75230	
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.)	Amount of Contribution (\$) \$420.00
	Contributor address; City; State; Zip Code Waco, TX 76712	
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.)	7 Amount of Contribution (\$) \$420.00
	6 Contributor address; City; State; Zip Code Waco, TX 76712	
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.)	Amount of Contribution (\$) \$420.00
	Contributor address; City; State; Zip Code Waco, TX 76712	
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.)	Amount of Contribution (\$) \$420.00
	Contributor address; City; State; Zip Code Waco, TX 76712	
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.)	Amount of Contribution (\$) \$420.00
	Contributor address; City; State; Zip Code Waco, TX 76712	
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.)	Amount of Contribution (\$) \$420.00
	Contributor address; City; State; Zip Code Waco, TX 76712	
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.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Houston , TX 77080	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Southlake, TX 76092	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Grapevine, TX 76051	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Katy, TX 77450	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Longview, TX 75605	
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.) 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.) 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 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.) 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 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.)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code The Woodlands, TX 77381	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code El Paso, TX 79912	
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.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code garland, TX 75041	
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.)	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 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) roblesgil, bernardo	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code pasadena, TX 77504	
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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	7 Payee address; City; State; Zip Code P.O. Box 308 Austin , TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Abbott, Greg (The Honorable)	Office sought Office held
Date 09/26/2025	Payee name Abbott, Greg (The Honorable)	
Amount (\$) \$15,000.00	Payee address; City; State; Zip Code P.O. Box 308 Austin , TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Burrows, Dustin (Rep.)	Office sought Office held
Date 07/31/2025	Payee name Burrows, Dustin (Rep.)	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 10507 Quaker Avenue Suite #103 Lubbock , TX 79424	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Burrows, Dustin (Rep.)	Office sought Office held