

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00034729	<b>2 Total pages filed:</b> 9
<b>3 COMMITTEE NAME</b> Texas Orthopaedic Assn. PAC		<b>OFFICE USE ONLY</b>	
		Date Received <b>ELECTRONICALLY FILED</b> 02/21/2026	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address	<b>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</b> PO Box 13531  Austin, TX 78711		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Dr. Luis H.		
	NICKNAME LAST SUFFIX Urrea II		
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>	<b>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</b> PO Box 13531  Austin, TX 78711		
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	<b>STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</b> 401 W. 15th Street #820  Austin, TX 78701		
<b>8 CAMPAIGN TREASURER PHONE</b>	<b>AREA CODE PHONE NUMBER EXTENSION</b> (214) 728-7672		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10 PERIOD COVERED</b>	Month Day Year      Month Day Year 01/23/2026      THROUGH      02/21/2026		
<b>11 ELECTION</b>	<b>ELECTION DATE</b> Month Day Year 03/03/2026	<b>ELECTION TYPE</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,701.01
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 12,500.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 329.37
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Dr. Luis H. Urrea II  
\_\_\_\_\_  
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

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

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

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

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

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

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
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<b>17 COMMITTEE NAME</b> Texas Orthopaedic Assn. PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00034729
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,701.01
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	\$ 12,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/2 Rpt: 6/9
2 FILER NAME Texas Orthopaedic Assn. PAC		3 Filer ID (Ethics Commission Filers) 00034729
4 Date 02/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balldin M.D., Bjorn	7 Amount of Contribution (\$) \$959.70
	6 Contributor address; City; State; Zip Code  San Antonio, TX 78209	
8 Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		9 Employer (See Instructions) Self
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Early M.D., John	Amount of Contribution (\$) \$959.70
	Contributor address; City; State; Zip Code  Dallas, TX 75225	
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis M.D., Henry	Amount of Contribution (\$) \$79.71
	Contributor address; City; State; Zip Code  Dallas, TX 75225	
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jafarnia M.D., Kourosh	Amount of Contribution (\$) \$479.70
	Contributor address; City; State; Zip Code  Houston, TX 77024	
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKay M.D., Richard	Amount of Contribution (\$) \$287.70
	Contributor address; City; State; Zip Code  Amarillo, TX 79102	
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 7/9
<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00034729
<b>4</b> Date 01/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Panchbhavi M.D., Vinod <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77555	<b>7</b> Amount of Contribution (\$)  \$959.70
<b>8</b> Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		<b>9</b> Employer (See Instructions) Self Employed
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rathjen M.D., Karl <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$959.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Somerson M.D., Jeremy <hr/> Contributor address; City; State; Zip Code  Seabrook, TX 77586	Amount of Contribution (\$)  \$95.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urrea M.D., Luis <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79922	Amount of Contribution (\$)  \$959.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Urrea M.D., Robert <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$959.70
Principal occupation / Job title (See Instructions) Orthopaedic Surgeon		Employer (See Instructions) Self

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 8/9	<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00034729
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<b>4</b> Date 02/16/2026	<b>5</b> Payee name Alders, Daniel (Rep.)
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<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 8907  Tyler, TX 75711
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution.
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2026	Payee name Campos, Elizabeth (Rep.)
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Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  San Antonio, TX 78210
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2026	Payee name Hefner, Cole (Rep.)
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Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 167  Mount Pleasant, TX 75456
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 9/9	<b>2</b> FILER NAME Texas Orthopaedic Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00034729
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<b>4</b> Date 02/16/2026	<b>5</b> Payee name Hughes, Bryan (Sen.)
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<b>6</b> Amount (\$) \$4,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 450  Mineola, TX 75773
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution.
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name Lalani M.D., Suleman (Rep.)
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Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 6514  Houston, TX 77265
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/05/2026	Payee name Turner, Chris (Rep.)
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Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 182093  Arlington, TX 76096
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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