

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) 00016755	2 Total pages filed: 63
3 COMMITTEE NAME Texas College Of Emergency Physicians PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/17/2023	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 West 15th Street, Suite 695 Austin, TX 78701	Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Richard		
	NICKNAME LAST SUFFIX Robinson		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street, Suite 695 Austin, TX 78701		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street, Suite 695 Austin, TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 306-0605		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01/01/2023	THROUGH	Month Day Year 06/30/2023
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	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas College Of Emergency Physicians PAC	13 Filer ID (Ethics Commission Filers) 00016755
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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)	\$ 33,486.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 372.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 126,948.52
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.

Mr. Richard Robinson

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

17 COMMITTEE NAME Texas College Of Emergency Physicians PAC		18 Filer ID 00016755	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	19,454.66
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 checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	13,322.64
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	708.78
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	\$	372.08
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: 1/56 Rpt: 4/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrams, Sal J <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78248-2409	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrams, Sal J <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-2409	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adesina, Adedoyin <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578-1641	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adesina, Adedoyin <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578-1641	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aly Ahmed, Mohamed <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-7513	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/56 Rpt: 5/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath	7 Amount of Contribution (\$) \$8.33
	6 Contributor address; City; State; Zip Code Houston, TX 77008-1736	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Houston, TX 77008-1736	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Houston, TX 77008-1736	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Houston, TX 77008-1736	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Houston, TX 77008-1736	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/56 Rpt: 6/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-1736	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/56 Rpt: 7/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75390-7214	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AufderHeide, Erin <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-1242	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-2015	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-2015	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77071-2015	7 Amount of Contribution (\$) \$8.37
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-2015	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-2015	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-2015	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-4188	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019-4188	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-4188	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-4188	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-4188	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-4188	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/56 Rpt: 10/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beers, Jeffrey R <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75069-7462	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beeson, Michelle Abrams <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76031-7800	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beeson, Michelle Abrams <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76031-7800	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behan, Francis C <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-1131	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behan, Francis C <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-1131	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/56 Rpt: 11/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behan, Francis C <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-1131	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Atiba E <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-8508	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Atiba E <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-8508	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Michael A <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-8423	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentz, Alan E <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/56 Rpt: 12/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benzing, Adam C	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78232-4613	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Jessica	Amount of Contribution (\$) \$600.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/56 Rpt: 13/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 04/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon, Tim <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-7721	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Lynn Alan <hr/> Contributor address; City; State; Zip Code Celina, TX 75009-2855	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/56 Rpt: 14/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bublewicz, Michael	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77056-1420		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bublewicz, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77056-1420		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bywaters, Daniel W	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Athens, TX 75751-9022		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cadis, Caleb	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2925		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A	Amount of Contribution (\$) \$0.83
Contributor address; City; State; Zip Code Cibolo, TX 78108-3343		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/56 Rpt: 15/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A	7 Amount of Contribution (\$) \$0.83
6 Contributor address; City; State; Zip Code Cibolo, TX 78108-3343		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A	Amount of Contribution (\$) \$0.83
Contributor address; City; State; Zip Code Cibolo, TX 78108-3343		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A	Amount of Contribution (\$) \$0.83
Contributor address; City; State; Zip Code Cibolo, TX 78108-3343		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A	Amount of Contribution (\$) \$0.83
Contributor address; City; State; Zip Code Cibolo, TX 78108-3343		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A	Amount of Contribution (\$) \$0.83
Contributor address; City; State; Zip Code Cibolo, TX 78108-3343		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/56 Rpt: 16/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A <hr/> 6 Contributor address; City; State; Zip Code Cibolo, TX 78108-3343	7 Amount of Contribution (\$) \$0.87
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Hoi W <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-5975	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Jeffrey A <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126-5194	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Jeffrey A <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126-5194	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilton, R Lee <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-3241	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/56 Rpt: 17/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R	7 Amount of Contribution (\$) \$8.33
6 Contributor address; City; State; Zip Code Granbury, TX 76049-4463		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Granbury, TX 76049-4463		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Granbury, TX 76049-4463		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Granbury, TX 76049-4463		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Granbury, TX 76049-4463		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/56 Rpt: 18/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R	7 Amount of Contribution (\$) \$8.33
6 Contributor address; City; State; Zip Code Granbury, TX 76049-4463		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code Austin, TX 78737-4689		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code Austin, TX 78737-4689		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code Austin, TX 78737-4689		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code Austin, TX 78737-4689		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/56 Rpt: 19/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke	7 Amount of Contribution (\$) \$2.08
6 Contributor address; City; State; Zip Code Austin, TX 78737-4689		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke	Amount of Contribution (\$) \$2.08
Contributor address; City; State; Zip Code Austin, TX 78737-4689		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D'Etienne, James P	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75230-3434		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dasa, Sridevi Laxmi	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Plano, TX 75093-7534		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Austin, TX 78735		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78735	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/56 Rpt: 21/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshmukh, Satyajit H <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78717-4205	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodds, William D <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404-1835	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Bryan M <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015-5169	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ejesieme, Nnenna Cynthia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-5224	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ejesieme, Nnenna Cynthia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-5224	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevez, Rosa M <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007-2415	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fagan, Elizabeth L <hr/> Contributor address; City; State; Zip Code Allen, TX 75002-7312	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairbrother, Hilary <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairless, Justin W <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairless, Justin W <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairless, Justin W <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairless, Justin W <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairless, Justin W <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairless, Justin W <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fite, Diana <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jonathan R	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182-3814		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jonathan R	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code North Richland Hills, TX 76182-3814		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77018-6152		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Paul A	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78704-4235		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Paul A	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78704-4235		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/56 Rpt: 25/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3119	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3119	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3119	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3119	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3119	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/56 Rpt: 26/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3119	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galatzan, Leigh Stewart <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-6781	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galatzan, Leigh Stewart <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-6781	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia Rodriguez, Carlos <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerhardt, Herman <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-2571	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/56 Rpt: 27/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gest, Albert L <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2321	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gest, Albert L <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2321	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Michael G <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-7058	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Robert D <hr/> Contributor address; City; State; Zip Code Temple, TX 76508-0002	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3357	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/56 Rpt: 28/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063-3357	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3357	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3357	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3357	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3357	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/56 Rpt: 29/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Robert	7 Amount of Contribution (\$) \$600.00
6 Contributor address; City; State; Zip Code Roanoke, TX 76262		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannan, Hashibul	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479-2859		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havlick, John F	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code Austin, TX 78737-4760		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heimbecker, Daniel A	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Angelo, TX 76904-2711		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helbling, Antonia R	Amount of Contribution (\$) \$1,200.00
Contributor address; City; State; Zip Code San Antonio, TX 78247-4446		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Emmett Sterling <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78253-5467	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey, Doug <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott <hr/> Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott <hr/> Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott <hr/> Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/56 Rpt: 31/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 04/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott <hr/> 6 Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott <hr/> Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott <hr/> Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerbow, Shelby <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628-6971	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klingenberg, Chris L <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/56 Rpt: 32/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klingenberg, Chris L <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2415	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konjoyan, Thomas R <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627-4870	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konjoyan, Thomas R <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627-4870	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurpiel, Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3132	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagisetty, Jyothi Rama <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-1501	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laseter, Timothy E <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028-2346	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledig, Erik O <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108-8912	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeson, Kimberly <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2718	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeson, Kimberly <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2718	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K <hr/> Contributor address; City; State; Zip Code Northlake, TX 76247-1530	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K <hr/> 6 Contributor address; City; State; Zip Code Northlake, TX 76247-1530	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K <hr/> Contributor address; City; State; Zip Code Northlake, TX 76247-1530	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K <hr/> Contributor address; City; State; Zip Code Northlake, TX 76247-1530	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K <hr/> Contributor address; City; State; Zip Code Northlake, TX 76247-1530	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K <hr/> Contributor address; City; State; Zip Code Northlake, TX 76247-1530	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lonergan, Seamus	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Dallas, TX 75229-2904		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucia, Dominic	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Belton, TX 76513-6730		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutz, Robert Frank	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Keller, TX 76248-3025		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magoon, Michael R	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78209-2253		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magoon, Michael R	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78209-2253		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcantel, Derek L <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546-6145	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcantel, Derek L <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-6145	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markides, Danna Michelle <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2649	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markides, Danna Michelle <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2649	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Kristen Lynne <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226-6873	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3559	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3559	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Oscar <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-6957	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Oscar <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-6957	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Oscar <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-6957	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Oscar <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-6957	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/56 Rpt: 39/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Oscar	7 Amount of Contribution (\$) \$8.33
6 Contributor address; City; State; Zip Code Cypress, TX 77429-6957		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Oscar	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Cypress, TX 77429-6957		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Roderick P	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75252-5129		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meek, Craig	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Plano, TX 75024		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Longview, TX 75601-3567		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75601-3567	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/56 Rpt: 41/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menowsky, Michael Stanley <hr/> 6 Contributor address; City; State; Zip Code Linn, TX 78563-0197	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metz, Rachel L <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6293	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metz, Rachel L <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6293	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muck, Andrew <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-5813	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullane, Geraldine F <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526-4343	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/56 Rpt: 42/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nance, Brenna J <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75204-7413	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nasser, Sigrid <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-7208	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, David Bradford <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5056	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newell, Cody F <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78210-1304	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nizioi, Charles <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339-2231	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/56 Rpt: 43/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connor, Daniel B <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77380-4019	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Raj Mehul <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peckenpough, Daniel Eugene <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76135-9048	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Nick Paul <hr/> Contributor address; City; State; Zip Code Fairview, TX 75069-1235	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phariss, Chase <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2617	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/56 Rpt: 44/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phariss, Chase <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2617	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Tierney <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4526	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnow, Jeffery M <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765-8006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnow, Jeffery M <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765-8006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popat, Rajan U <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-2487	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/56 Rpt: 45/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, George-Thomas M <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232	7 Amount of Contribution (\$) \$4.17
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, George-Thomas M <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, George-Thomas M <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, George-Thomas M <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, George-Thomas M <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/56 Rpt: 46/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, George-Thomas M <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232	7 Amount of Contribution (\$) \$4.17
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/56 Rpt: 47/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rea, Steven D <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-6105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Richard <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Jackie Lee <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-8050	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/56 Rpt: 48/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Jackie Lee <hr/> 6 Contributor address; City; State; Zip Code Greenville, TX 75402	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R <hr/> Contributor address; City; State; Zip Code El Paso, TX 79934-2300	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R <hr/> Contributor address; City; State; Zip Code El Paso, TX 79934-2300	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R <hr/> Contributor address; City; State; Zip Code El Paso, TX 79934-2300	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R <hr/> Contributor address; City; State; Zip Code El Paso, TX 79934-2300	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/56 Rpt: 49/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R	7 Amount of Contribution (\$) \$8.33
6 Contributor address; City; State; Zip Code El Paso, TX 79934-2300		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code El Paso, TX 79934-2300		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumph, Gregory E	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Taylor Lake Village, TX 77586-4528		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumph, Gregory E	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Taylor Lake Village, TX 77586-4528		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Houston, TX 77027-2019		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/56 Rpt: 50/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027-2019	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-2019	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-2019	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-2019	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-2019	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/56 Rpt: 51/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 04/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Gilberto A <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75002-2621	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salem, Michael E <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-6814	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoenstein, Lynda Mitchell <hr/> Contributor address; City; State; Zip Code League City, TX 77573-6267	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoenstein, Lynda Mitchell <hr/> Contributor address; City; State; Zip Code League City, TX 77573-6267	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-0500	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/56 Rpt: 52/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A	7 Amount of Contribution (\$) \$8.33
6 Contributor address; City; State; Zip Code Dallas, TX 75206-0500		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Dallas, TX 75206-0500		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Dallas, TX 75206-0500		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Dallas, TX 75206-0500		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Dallas, TX 75206-0500		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/56 Rpt: 53/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siciliano, Genine	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Plano, TX 75074-0158		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Michael D	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Odessa, TX 79762-5171		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprueil, Ramano Alvarez	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Dallas, TX 75206-6623		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Denison, TX 75020-0775		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Denison, TX 75020-0775		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/56 Rpt: 54/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B <hr/> 6 Contributor address; City; State; Zip Code Denison, TX 75020-0775	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B <hr/> Contributor address; City; State; Zip Code Denison, TX 75020-0775	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B <hr/> Contributor address; City; State; Zip Code Denison, TX 75020-0775	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B <hr/> Contributor address; City; State; Zip Code Denison, TX 75020-0775	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Stephen P <hr/> Contributor address; City; State; Zip Code Wilson, TX 79381-2341	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/56 Rpt: 55/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroupe, Earnest W <hr/> 6 Contributor address; City; State; Zip Code Arp, TX 75750-9643	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucka, Kristy Renee <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-7653	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucka, Kristy Renee <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-7653	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Charles Jensen <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008-1318	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/56 Rpt: 56/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob	7 Amount of Contribution (\$) \$1.67
6 Contributor address; City; State; Zip Code Houston, TX 77024		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob	Amount of Contribution (\$) \$1.67
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob	Amount of Contribution (\$) \$1.67
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob	Amount of Contribution (\$) \$1.63
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob	Amount of Contribution (\$) \$1.67
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/56 Rpt: 57/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 02/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeffrey B	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Beaumont, TX 77726-2779		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeffrey B	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Beaumont, TX 77726-2779		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thoppil, Joby Josekutty	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Parker, TX 75002-6266		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Till, Larry P	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code The Woodlands, TX 77380-2642		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, MacLong T	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richardson, TX 75082-5604		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/56 Rpt: 58/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, MacLong T	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Richardson, TX 75082-5604		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troutman, Gerad	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Lubbock, TX 79423		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Kara K	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75204-2840		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitten, David N	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Texarkana, TX 75503-1906		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, James M	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Baltimore, MD 21204-6517		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/56 Rpt: 59/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-8353	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8353	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 60/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 01/10/2023	5 Corporation / Labor Organization name American College of Emergency Physicians	6 Amount (\$) 51.86
Date 02/08/2023	Corporation / Labor Organization name American College of Emergency Physicians	Amount (\$) 33.16
Date 03/08/2023	Corporation / Labor Organization name American College of Emergency Physicians	Amount (\$) 19.76
Date 04/06/2023	Corporation / Labor Organization name American College of Emergency Physicians	Amount (\$) 89.64
Date 05/04/2023	Corporation / Labor Organization name American College of Emergency Physicians	Amount (\$) 45.01
Date 06/07/2023	Corporation / Labor Organization name American College of Emergency Physicians	Amount (\$) 83.21
Date 05/12/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 10,000.00
Date 01/12/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 3,000.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 61/63
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 01/31/2023	5 Corporation / Labor Organization name Texas College of Emergency Physicians	6 Amount (\$) 118.13
Date 02/28/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 03/31/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 04/30/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 05/31/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 06/30/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13

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: 1/2 Rpt: 62/63	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
4 Date 01/03/2023	5 Payee name Payscape	
6 Amount (\$) \$12.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Payscape		
Amount (\$) \$20.93 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/01/2023	Candidate/Officeholder name Office sought Office held	
Payee name Payscape		
Amount (\$) \$12.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 2/2 Rpt: 63/63	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
4 Date 04/03/2023	5 Payee name Payscape	
6 Amount (\$) \$12.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/01/2023	Candidate/Officeholder name Payee name Payscape	
Amount (\$) \$299.35 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/01/2023	Candidate/Officeholder name Payee name Payscape	
Amount (\$) \$12.95 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		