### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission F 00016755	ilers)	<ol> <li>Total pages file</li> <li>63</li> </ol>		
3	COMMITTEE NAME					OFFICE U	SE O	NLY
	Texas College Of E	Emergency Physicians PAC				Date Received		· - <b> ·</b>
						ELECTRONICA	LLY FI	LED
						07/17/2023		
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	TY;	STATE;	ZIP CODE			
	ADDRESS	401 West 15th Street, Suite 695				Date Hand-delivered or	Date Post	marked
	Change of Address							
		Austin, TX 78701				Receipt #	Amount	t
						Date Processed		
						Date Imaged		
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST				МІ		
	NAME	Mr. Richard						
		NICKNAME LAST	•••••			SUFFIX		
		Robinson				SOLLY		
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SL	JITE #; CITY;	STA	ΓE;	ZIP CODE
	TREASURER STREET	401 W. 15th Street, Suite 695						
	ADDRESS							
	(Residence or Business)	Austin, TX 78701						
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / S	SUITE #; CITY	; ST/	ATE;	ZIP CODE
	MAILING	401 W. 15th Street, Suite 695						
	ADDRESS							
	Change of Address	Austin, TX 78701	_					
8			EX	TENSION				
	TREASURER PHONE	(512) 306-0605						
9	REPORT					-		
ľ	TYPE	January 15 30	0th (	lay before election		Dissolution (Attach		
			th da	y before election		10th day after cam termination	paign tre	easurer
		X July 15	luno	f				
10	PERIOD	Month Day Year			Month Day	Year		
	COVERED		HR	DUGH	06/30/2023			
11	ELECTION	ELECTION DATE			ECTION TYPE			
			Prim		Runoff	Other		
			Gen	eral	Special			
		GO 1	то	PAGE 2				
Foi	rms provided by Tex	as Ethics Commission www.et	thic	s.state.tx.us		Versio	n V3.5	.1.a18ea2ca

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas College Of Emer	gency Physicians PAC		0001675	5
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	22,496,00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	Ť	33,486.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	372.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	126,948.52
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Richar	d Robinson	
		Signature of Car	npaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca

#### SUBTOTALS - GPAC

## FORM GPAC COVER SHEET PG 3

3 of 63

17 COMMITTI	EE NAME	18 Filer ID	(Ethics Commission Filers)
	llege Of Emergency Physicians PAC	00016755	•
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 19,454.66
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	<b>\$</b> 13,322.64
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		<b>\$</b> 708.78
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	<b>\$</b> 372.08
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 1/56 Rpt: 4/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
01/10/2023	Abrams, Sal J		\$25.00
	6 Contributor address; City; State; Zip Code		1
	San Antonio, TX 78248-2409		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Physician			·/
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	Abrams, Sal J		\$25.00
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78248-2409	1	<u> </u>
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/08/2023	Adesina, Adedoyin		\$12.50
	Contributor address; City; State; Zip Code		
	Manvel, TX 77578-1641		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Physician			<i></i>
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/04/2023	Adesina, Adedoyin		\$12.50
	Contributor address; City; State; Zip Code		1
	Manvel, TX 77578-1641		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Physician			<i>י</i> ן
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
01/10/2023	Aly Ahmed, Mohamed		\$8.37
	Contributor address; City; State; Zip Code		
	El Paso, TX 79912-7513		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	form.	1	Fotal pages Schedule A1: Sch: 2/56 Rpt: 5/63	
2 FILER NAME			<b>3</b> F	Filer ID (Ethics Commission	Filers)
Texas Colleg	ge Of Emergency Physicians PAC		c	00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 A	Amount of Contribution (\$)	
01/10/2023	Amro, Moath				\$8.33
	6 Contributor address; City; State; Zip Code		ł		
	Houston, TX 77008-1736				
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	A	Amount of Contribution (\$)	
02/08/2023	Amro, Moath				\$8.33
	Contributor address; City; State; Zip Code		1		
	I				
	Houston, TX 77008-1736				
	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:_	)	A	Amount of Contribution (\$)	
03/08/2023	Amro, Moath				\$8.33
	Contributor address; City; State; Zip Code		1		
	Houston, TX 77008-1736	1			
	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Physician			-		
Date	Full name of contributor out-of-state PAC (ID#:_	)	A [	Amount of Contribution (\$)	_
04/06/2023	Amro, Moath				\$8.33
	Contributor address; City; State; Zip Code		]		
	I				
	United TV 77000 1726				
Drizzinal acour	Houston, TX 77008-1736		-\		
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions	S)		
-					
Date	Full name of contributor out-of-state PAC (ID#:	)	A	Amount of Contribution (\$)	÷0.00
05/04/2023	Amro, Moath				\$8.33
	Contributor address; City; State; Zip Code				
	I				
	Houston, TX 77008-1736				
Dringing oggur		Employer (See Instructions	-)		
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions	S)		
FIIySiciali					
1					

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/56 Rpt: 6/63	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	e Of Emergency Physicians PAC			00016755	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
06/07/2023	Amro, Moath				\$8.33
	6 Contributor address; City; State; Zip Code		1		
	 I				
	Houston, TX 77008-1736				
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
01/10/2023	Andino, Aldo Louis				\$8.33
	Contributor address; City; State; Zip Code		1		
	Dallas, TX 75390-7214				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
02/08/2023	Andino, Aldo Louis				\$8.33
	Contributor address; City; State; Zip Code		1		
D i seiz el essur	Dallas, TX 75390-7214		Ĺ		
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
-					
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	±5.00
03/08/2023	Andino, Aldo Louis				\$8.33
	Contributor address; City; State; Zip Code				
	Dallas, TX 75390-7214				
Drincinal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Physician			5)		
-		<u> </u>	1	t second of Constribution (Φ)	
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$8.33
04/06/2023	Andino, Aldo Louis				<b>ФО.</b> ЗЗ
	Contributor address; City; State; Zip Code				
	Dallas, TX 75390-7214				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
Physician			5)		
•••,					

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/56 Rpt: 7/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Colleg	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
05/04/2023	Andino, Aldo Louis		\$8.33
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75390-7214		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2023	Andino, Aldo Louis		\$8.33
	Contributor address; City; State; Zip Code		
	Dallas, TX 75390-7214		
	pation / Job title (See Instructions)	Employer (See Instructions	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	AufderHeide, Erin		\$100.00
	Contributor address; City; State; Zip Code		
	Houston TX 77006 1242		
Dringinal occu	Houston, TX 77006-1242 Ipation / Job title (See Instructions)	Employer (See Instructions	
Physician		Employer (See instructions	5)
-			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/10/2023	Averick, Rauvan M		\$8.33
	Contributor address; City; State; Zip Code		
	Houston, TX 77071-2015		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Physician			7
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
02/08/2023	Averick, Rauvan M	/	\$8.33
02,00,2020	Contributor address; City; State; Zip Code		· · · · - ·
	Contributor address, City, State, Zip Code		
	Houston, TX 77071-2015		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Physician			

SCHEDULE	A1
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The Instruction Guide explains how to complete this Form.       1       Total pages Schedule A1: Sch: 5/56 Rpt: 8/63         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 out-of-state PAC (ID#:) Averick, Rauvan M       7       Amount of Contribution (\$)         6       Contributor address; City; State; Zip Code       Houston, TX 77071-2015       9       Employer (See Instructions) Physician       9       Employer (See Instructions)       Amount of Contribution (\$)         04/06/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$8.         04/06/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$8.         04/06/2023       Full name of contributor       Out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$8.         Principal occupation / Job title (See Instructions) Physician       Employer (See Instructions) Houston, TX 77071-2015       Employer (See Instructions) Employer (See Instructions)       Amount of Contribution (\$)       \$8.         Date       Full name of contributor
Texas College Of Emergency Physicians PAC       00016755         4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of Contribution (\$)         3/08/2023       Averick, Rauvan M       5 Contributor address; City; State; Zip Code       7 Amount of Contribution (\$)         6 Contributor address; City; State; Zip Code       Houston, TX 77071-2015       9 Employer (See Instructions)         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contributor (\$)         9 Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/06/2023       Averick, Rauvan M       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Physician       Trincipal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Physician       Trincipal occupation / Job title (See Instructions)       Amount of Contribution (\$)       Amount of Contribution (\$)
4       Date       5       Full name of contributor       out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         3/08/2023       Averick, Rauvan M       \$       \$       Averick, Rauvan M       \$         6       Contributor address; City; State; Zip Code       Houston, TX 77071-2015       9       Employer (See Instructions)       \$         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of Contribution (\$)         9       Averick, Rauvan M       Out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$         9       Averick, Rauvan M       Out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$         9       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$         9       Full name of contributor address; City; State; Zip Code       Employer (See Instructions)       \$       \$         9       Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$       \$         9       Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$       \$         9       Full name of contributor       out-of-state PAC (ID#:
03/08/2023       Averick, Rauvan M       \$8.         6       Contributor address; City; State; Zip Code       Houston, TX 77071-2015         8       Principal occupation / Job title (See Instructions)       9         Physician       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Averick, Rauvan M       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Vinction (\$)       Houston, TX 77071-2015       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Physician       Employer (See Instructions)         Physician       Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         Houston, TX 77071-2015       9         8       Principal occupation / Job title (See Instructions)       9         Physician       9         Date       Full name of contributor       out-of-state PAC (ID#:)         Averick, Rauvan M
Houston, TX 77071-2015       9 Employer (See Instructions)         Physician       9 Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Averick, Rauvan M
Houston, TX 77071-2015       9 Employer (See Instructions)         Physician       9 Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Averick, Rauvan M          Contributor address; City; State; Zip Code          Houston, TX 77071-2015       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Date       Full name of contributor         Date       Full name of contributor
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Physician       9       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/06/2023       Averick, Rauvan M       \$8.         Contributor address; City; State; Zip Code       Full name of contributions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       See Instructions)         Physician       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Physician       9       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/06/2023       Averick, Rauvan M       \$8.         Contributor address; City; State; Zip Code       Full name of contributions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       See Instructions)         Physician       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
Physician       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/06/2023       Averick, Rauvan M       \$8.         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code         Houston, TX 77071-2015       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/06/2023       Averick, Rauvan M       \$8.         Contributor address; City; State; Zip Code       Houston, TX 77071-2015         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)
04/06/2023       Averick, Rauvan M       \$8.         Contributor address; City; State; Zip Code       \$8.         Houston, TX 77071-2015       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)
Contributor address; City; State; Zip Code         Houston, TX 77071-2015         Principal occupation / Job title (See Instructions)         Physician         Date       Full name of contributor         Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Houston, TX 77071-2015         Principal occupation / Job title (See Instructions)         Physician         Date       Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
Physician       Out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
Date     Full name of contributor     Out-of-state PAC (ID#:)     Amount of Contribution (\$)
05/04/2023 Averick, Rauvan M \$8.
Contributor address; City; State; Zip Code
Houston, TX 77071-2015
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Physician
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)
06/07/2023 Averick, Rauvan M \$8.
Contributor address; City; State; Zip Code
Houston, TX 77071-2015
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Physician
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)
01/10/2023 Bednar, Marian \$8.
Contributor address; City; State; Zip Code
Coppell, TX 75019-4188
Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 6/56 Rpt: 9/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/08/2023	Bednar, Marian		\$8.33
	6 Contributor address; City; State; Zip Code		
	Coppell, TX 75019-4188		
	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2023	Bednar, Marian		\$8.33
	Contributor address; City; State; Zip Code		
	Coppell, TX 75019-4188		
	ipation / Job title (See Instructions)	Employer (See Instructions)	;)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	Bednar, Marian		\$8.33
	Contributor address; City; State; Zip Code		
	Coppell, TX 75019-4188		
	ipation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	Bednar, Marian		\$8.33
	Contributor address; City; State; Zip Code		
	Coppell, TX 75019-4188		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Physician		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2023	Bednar, Marian		\$8.33
	Contributor address; City; State; Zip Code		
	Coppell, TX 75019-4188		
Dringing occu		Employer (See Instructions)	
Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions)	•)
FIIySiciali			

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

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

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The Ins	truction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 9/56 Rpt: 12/63	
2 FILER NA	ME		<b>3</b> Filer ID (Ethics Commission Filers)	
	llege Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
02/08/20	0		\$25.	00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78232-4613			
8 Principal	ccupation / Job title (See Instructions)	9 Employer (See Instructions	L 3)	
Physicia				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/17/20	— — —		\$600.	.00
	Austin, TX 78701			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	3)	
Physicia	1			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	_
01/10/20			\$8.	33
	Contributor address; City; State; Zip Code			
	Mansfield, TX 76063-3461			
	ccupation / Job title (See Instructions)	Employer (See Instructions	3)	
Physicia	I			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
02/08/20	23 Blankenship, Alan Lane		\$8.	33
	Contributor address; City; State; Zip Code			
	Mansfield, TX 76063-3461			
-	ccupation / Job title (See Instructions)	Employer (See Instructions	•)	
Physicia				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	-
03/08/20			\$8.	33
	Contributor address; City; State; Zip Code			
	Manafield TV 76062 2461			
Dringingly	Mansfield, TX 76063-3461	Employer (Cool Instructions		
Principal o Physicial	accupation / Job title (See Instructions)	Employer (See Instructions	;)	
FIIysicia	1			
1				

The li	Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/56 Rpt: 13/63	
2 FILER	NAME			_	Filer ID (Ethics Commission	n Filers)
		ge Of Emergency Physicians PAC		1	00016755	11 110.07
4 Date		5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
04/06/	/2023	Blankenship, Alan Lane				\$8.33
		6 Contributor address; City; State; Zip Code		1		
		Mansfield, TX 76063-3461				
		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Physic	cian					
Date		Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
05/04/	/2023	Blankenship, Alan Lane				\$8.33
		Contributor address; City; State; Zip Code		1		
		Mansfield, TX 76063-3461				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
Physic	cian					
Date		Full name of contributor 🔲 out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
06/07/	/2023	Blankenship, Alan Lane				\$8.33
		Contributor address; City; State; Zip Code		1		
		Marafield TV 76062 2461				
Drinoin		Mansfield, TX 76063-3461	Employer (Cool Instructions	<u> </u>		
Princip Physic		pation / Job title (See Instructions)	Employer (See Instructions	s)		
Date		Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
06/07/	/2023	Brandon, Tim				\$100.00
		Contributor address; City; State; Zip Code		"		
D in sin	• • • •	College Station, TX 77845-7721		Ĺ		
-		pation / Job title (See Instructions)	Employer (See Instructions	s)		
Physic	Clan					
Date		Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
03/08/	/2023	Brown, Lynn Alan				\$100.00
		Contributor address; City; State; Zip Code				
		Celina, TX 75009-2855				
Drincin			Employer (See Instructions	<u> </u>		
Physic		pation / Job title (See Instructions)	Employer (See Instructions	S)		
Fliysic	Cian					
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/56 Rpt: 14/63	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission F	-ilers)
	ge Of Emergency Physicians PAC		00016755	liore,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
02/08/2023	Bublewicz, Michael			\$25.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77056-1420			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/04/2023	Bublewicz, Michael			\$25.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77056-1420			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/10/2023	Bywaters, Daniel W		ę	\$100.00
	Contributor address; City; State; Zip Code			
	Athens, TX 75751-9022			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	_
02/08/2023	Cadis, Caleb			\$50.00
	Contributor address; City; State; Zip Code			
D in single and	Fredericksburg, TX 78624-2925		、	
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/08/2023	Carter, Stephen A			\$0.83
	Contributor address; City; State; Zip Code			
	Cibolo, TX 78108-3343			
Dringing occu		Employer (See Instructions)	<u> </u>	
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions)	)	
FIIySiciali				
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/56 Rpt: 15/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/08/2023	Carter, Stephen A		\$0.83
	6 Contributor address; City; State; Zip Code		
	Cibolo, TX 78108-3343		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	) ;)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/08/2023	Carter, Stephen A		\$0.83
	Cibolo, TX 78108-3343		
	ipation / Job title (See Instructions)	Employer (See Instructions	.)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2023	Carter, Stephen A		\$0.83
	Contributor address; City; State; Zip Code		
	Cibala TV 70100 2242		
Principal occu	Cibolo, TX 78108-3343 upation / Job title (See Instructions)	Employer (See Instructions	
Physician			)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	Carter, Stephen A		\$0.83
	Contributor address; City; State; Zip Code		
	Cibolo, TX 78108-3343		
Principal occur	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Physician			)
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
05/04/2023	Carter, Stephen A	/	\$0.83
	Contributor address; City; State; Zip Code		
	Cibolo, TX 78108-3343		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Physician			
		<u>I</u>	

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 13/56 Rpt: 16/63	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
06/07/2023				\$0.87
	6 Contributor address; City; State; Zip Code		1	
- · · ·	Cibolo, TX 78108-3343			
	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Physician		<u> </u>	<del>.</del>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/08/2023	Chan, Hoi W			\$100.00
	Contributor address; City; State; Zip Code			
D in single and	Colleyville, TX 76034-5975		Į	
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Physician	·			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/04/2023	Chase, Jeffrey A			\$25.00
	Contributor address; City; State; Zip Code			
	Fort Worth TV 76126 5104			
Dringing oog	Fort Worth, TX 76126-5194			
Principal occi Physician	upation / Job title (See Instructions)	Employer (See Instructions	;)	
		<u> </u>	1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	÷25 00
05/04/2023				\$25.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76126-5194			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions		
Physician			<i>›</i> )	
-	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	1 Amount of Contribution (ft)	
Date 04/06/2023		)	Amount of Contribution (\$)	\$100.00
04/00/2023				Φ100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78757-3241			
Princinal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician			"	
,				

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/56 Rpt: 17/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	e Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
01/10/2023	Clark, Gary R		\$8.3
	6 Contributor address; City; State; Zip Code		
	Granbury, TX 76049-4463		
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/08/2023	Clark, Gary R		\$8.3
	contributor address, ony, state, zip code		
	Granbury, TX 76049-4463		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	)
Physician			,
-		<u> </u>	Amount of Contribution (ft)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/08/2023	Clark, Gary R		\$8.3
	Contributor address; City; State; Zip Code		
	Granbury, TX 76049-4463		
Dringingloggun	-	Employer (Cap Instructions)	N
Physician	ation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	Clark, Gary R		\$8.3
	Contributor address; City; State; Zip Code		
	Granbury, TX 76049-4463		
	ation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	Clark, Gary R		\$8.3
ľ	Contributor address; City; State; Zip Code		
	Granbury, TX 76049-4463		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	)
Physician			

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

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 16/56 Rpt: 19/63	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filer)	lers)
	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/04/2023	Cox, Stephen Brooke			\$2.08
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78737-4689			
8 Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/07/2023	Cox, Stephen Brooke			\$2.08
	Contributor address; City; State; Zip Code			
	Austin, TX 78737-4689			
	pation / Job title (See Instructions)	Employer (See Instructions		
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/07/2023	D'Etienne, James P		\$	\$100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230-3434			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	) )	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/10/2023	Dasa, Sridevi Laxmi			\$25.00
	Contributor address; City; State; Zip Code			
Dringinglage	Plano, TX 75093-7534		\ \	
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions		
-				
Date 01/10/2023	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$8.33
01/10/2023	DeWaal, Craig T			Φδ.33
	Contributor address; City; State; Zip Code			
	Austin, TX 78735			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	) )	
Physician		-		

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 17/56 Rpt: 20/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/08/2023	DeWaal, Craig T		\$8.33
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78735		
8 Principal occu		9 Employer (See Instructions	() ()
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2023	DeWaal, Craig T		\$8.33
	Contributor address; City; State; Zip Code		
	Austin, TX 78735		
	ipation / Job title (See Instructions)	Employer (See Instructions	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	DeWaal, Craig T		\$8.33
	Contributor address; City; State; Zip Code		
	Austin, TX 78735		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	DeWaal, Craig T		\$8.33
	Contributor address; City; State; Zip Code		
	Austin, TX 78735		
	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2023	DeWaal, Craig T		\$8.33
	Contributor address; City; State; Zip Code		
	Austin, TX 78735		
	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Physician			

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

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 19/56 Rpt: 22/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/08/2023	Estevez, Rosa M		\$50.00
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77007-2415		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> \$)
Physician	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/10/2023	Fagan, Elizabeth L		\$100.00
	Contributor address; City; State; Zip Code		1
	Allen, TX 75002-7312		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Physician			<del> </del>
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04/17/2023	Fairbrother, Hilary		\$100.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77009		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
01/10/2023	Fairless, Justin W		\$8.33
	Contributor address; City; State; Zip Code		1
	Colleyville, TX 76034		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Physician			<i>י</i> ן
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
02/08/2023	Fairless, Justin W		\$8.33
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Physician			

The Instru	ction Guide explains how to complet	te this form.	1 Total pages Schedule A1: Sch: 20/56 Rpt: 23/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor 🔲 out-of-state F	PAC (ID#:)	7 Amount of Contribution (\$)
03/08/2023	Fairless, Justin W		\$8.33
	6 Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
	pation / Job title (See Instructions)	9 Employer (See Instruction	is)
Physician			
Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
04/06/2023	Fairless, Justin W		\$8.33
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
	pation / Job title (See Instructions)	Employer (See Instruction	is)
Physician			
Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
05/04/2023	Fairless, Justin W		\$8.33
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
-	pation / Job title (See Instructions)	Employer (See Instruction	is)
Physician			
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
06/07/2023	Fairless, Justin W		\$8.33
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
-	pation / Job title (See Instructions)	Employer (See Instruction	is)
Physician			
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
04/17/2023	Fite, Diana		\$3,000.00
	Contributor address; City; State; Zip Code		
	Magnolia, TX 77355		
-	pation / Job title (See Instructions)	Employer (See Instruction	is)
Physician			

The Instrue	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 21/56 Rpt: 24/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/08/2023	Ford, Jonathan R		\$25.0
	6 Contributor address; City; State; Zip Code		
	North Richland Hills, TX 76182-3814		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	Ford, Jonathan R		\$25.0
	Contributor address; City; State; Zip Code		
	North Richland Hills, TX 76182-3814		
	pation / Job title (See Instructions)	Employer (See Instructions)	.)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/10/2023	Foreman, David		\$100.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77018-6152		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Physician		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/08/2023	Foster, Paul A		\$12.5
	Contributor address; City; State; Zip Code		
	Auguin TV 70704 4005		
Dringing occu	Austin, TX 78704-4235	Employer (See Instructions)	<u> </u>
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)
_		<u> </u>	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/04/2023	Foster, Paul A		\$12.5
	Contributor address; City; State; Zip Code		
	Austin, TX 78704-4235		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Physician			)
11190.0.0.1			
1			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 22/56 Rpt: 25/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
01/10/2023	Gagnon, Garry F		\$8.33
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75214-3119		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/08/2023	Gagnon, Garry F		\$8.33
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214-3119		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2023	Gagnon, Garry F		\$8.33
	Contributor address; City; State; Zip Code		
	Dallac TX 75214 2110		
Dringing ogg	Dallas, TX 75214-3119 Ipation / Job title (See Instructions)	Employer (See Instructions	
Physician			)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	Gagnon, Garry F		\$8.33
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214-3119		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	) ;)
Physician			7
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	Full name of contributor out-of-state PAC (ID#: Gagnon, Garry F	)	\$8.33
00/04/2020	Contributor address; City; State; Zip Code		φ0.00
	Contributor address, City, State, Zip Code		
	Dallas, TX 75214-3119		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l;)
Physician	· · · · · · ·		
-			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 23/56 Rpt: 26/63	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
06/07/2023	Gagnon, Garry F			\$8.33
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75214-3119			
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions		
Physician	· · · · ·		, 	
Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
01/10/2023	Galatzan, Leigh Stewart			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78738-6781			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/06/2023	Galatzan, Leigh Stewart			\$25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78738-6781			
-	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/08/2023	Garcia Rodriguez, Carlos			\$50.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78257			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/10/2023	Gerhardt, Herman			\$100.00
	Contributor address; City; State; Zip Code			
	Beaumont, TX 77706-2571			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.)	
Physician				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/56 Rpt: 27/63	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	ge Of Emergency Physicians PAC		00016755	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
02/08/2023	Gest, Albert L			\$25.00
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78411-2321			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/04/2023	Gest, Albert L			\$25.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78411-2321			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/08/2023	Gonzalez, Michael G			\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77008-7058			
	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/06/2023	Greenberg, Robert D			\$1,200.00
	Contributor address; City; State; Zip Code			
	Temple, TX 76508-0002			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	)	
Physician			)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
01/10/2023	Gupta, Sandeep K	)		\$8.33
01/10/2020				ψ0.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75063-3357			
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician	· · · · · · · · ·		,	
-				

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 25/56 Rpt: 28/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
02/08/2023	Gupta, Sandeep K		\$8.33
	6 Contributor address; City; State; Zip Code		1
	Irving, TX 75063-3357		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/08/2023	Gupta, Sandeep K		\$8.33
			1
	Irving, TX 75063-3357		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04/06/2023	Gupta, Sandeep K		\$8.33
	Contributor address; City; State; Zip Code		1
- • • •	Irving, TX 75063-3357		
-	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Physician		<u> </u>	1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	Gupta, Sandeep K		\$8.33
	Contributor address; City; State; Zip Code		
	Irving, TX 75063-3357		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Physician			<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
06/07/2023	Gupta, Sandeep K	/	\$8.33
00.0	Contributor address; City; State; Zip Code		
	Contributor address, Gity, State, Eip Code		
	Irving, TX 75063-3357		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>۲</u> ۱)
Physician			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/56 Rpt: 29/63	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		ge Of Emergency Physicians PAC		ľ	00016755	5111 11013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	04/17/2023	Hancock, Robert				\$600.00
		6 Contributor address; City; State; Zip Code		1		
		Roanoke, TX 76262				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/10/2023	Hannan, Hashibul				\$100.00
		Contributor address; City; State; Zip Code		1		
		Sugar Land, TX 77479-2859				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/07/2023	Havlick, John F				\$45.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78737-4760				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/07/2023	Heimbecker, Daniel A				\$50.00
		Contributor address; City; State; Zip Code				
		San Angola TV 76004 2711				
	Drineirel	San Angelo, TX 76904-2711				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	-					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/07/2023	Helbling, Antonia R				\$1,200.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78247-4446				
	Drinoinal asso		Employer (See Instructions			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	TIYSICIAII					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 27/56 Rpt: 30/63	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/08/2023	Huff, Emmett Sterling			\$100.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78253-5467			
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/17/2023	Jeffrey, Doug			\$1,200.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78704			
	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/10/2023	Katan, Brian Scott			\$8.33
	Contributor address; City; State; Zip Code			
	Trophy Club, TX 76262-5421			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/08/2023	Katan, Brian Scott			\$8.33
	Contributor address; City; State; Zip Code			
	Trophy Club, TX 76262-5421		-	
·	upation / Job title (See Instructions)	Employer (See Instructions	i)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/08/2023	Katan, Brian Scott			\$8.33
	Contributor address; City; State; Zip Code			
	Trophy Club, TX 76262-5421			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 28/56 Rpt: 31/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Colle	ge Of Emergency Physicians PAC		00016755
4 Date 04/06/2023	5 Full name of contributor out-of-state PAC (ID#: Katan, Brian Scott	)	7 Amount of Contribution (\$) \$8.3
	6 Contributor address; City; State; Zip Code		
	Trophy Club, TX 76262-5421		
8 Principal occu Physician	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	Katan, Brian Scott		\$8.3
	Contributor address; City; State; Zip Code		
	Trophy Club, TX 76262-5421		
Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2023	Katan, Brian Scott		\$8.3
	Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421		
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	Kerbow, Shelby		\$100.0
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78628-6971		
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/08/2023	Klingenberg, Chris L Contributor address; City; State; Zip Code		\$25.0
	Nacogdoches, TX 75965-2415		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			

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

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/56 Rpt: 33/63
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 out-of-state PAC (ID#: Laseter, Timothy E		7 Amount of Contribution (\$) \$100.0
	6 Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028-2346		
8 Principal occup Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	Contributor address; City; State; Zip Code		\$100.C
	Fort Worth, TX 76108-8912		
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/08/2023	Leeson, Kimberly		\$25.0
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78413-2718		
Principal occur Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	Leeson, Kimberly		\$25.0
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78413-2718		
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/10/2023	Lilly, Travis K		\$8.3
	Contributor address; City; State; Zip Code		
	Northlake, TX 76247-1530		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	)
Physician	,		,
		<u> </u>	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 31/56 Rpt: 34/63		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
Texas College Of Emergency Physicians PAC			00016755		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)		
02/08/2023			\$8.33		
	6 Contributor address; City; State; Zip Code				
	Northlake, TX 76247-1530				
	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
03/08/2023	Lilly, Travis K		\$8.33		
	Contributor address; City; State; Zip Code				
	Northlake, TX 76247-1530				
	pation / Job title (See Instructions)	Employer (See Instructions	)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
04/06/2023	Lilly, Travis K		\$8.33		
	Contributor address; City; State; Zip Code				
	Northlake, TX 76247-1530				
	pation / Job title (See Instructions)	Employer (See Instructions	)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
05/04/2023	Lilly, Travis K		\$8.33		
	Contributor address; City; State; Zip Code				
	Northlake, TX 76247-1530				
	pation / Job title (See Instructions)	Employer (See Instructions	)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
06/07/2023	Lilly, Travis K		\$8.33		
	Contributor address; City; State; Zip Code				
	Northlaka, TV 70247 1520				
Deine ein d	Northlake, TX 76247-1530	Freelower (O. J. J. J. J.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions	)		
Physician					

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 32/56 Rpt: 35/63
2 FILER NAME Texas College Of Emergency Physicians PAC			3 Filer ID (Ethics Commission Filers) 00016755
06/07/2023	5 Full name of contributor 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 occup Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/10/2023	Lucia, Dominic		\$100.00
	Belton, TX 76513-6730		
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/08/2023	Lutz, Robert Frank		\$25.00
	Contributor address; City; State; Zip Code		
	Keller, TX 76248-3025		
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/10/2023	Magoon, Michael R		\$25.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78209-2253		
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)
Date 04/06/2023	Full name of contributor out-of-state PAC (ID#: Magoon, Michael R Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$25.00
	San Antonio, TX 78209-2253		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	)
Physician	,		

The Instruction Guide explains how to complete this form.       1 Total pages Sincellula A1: Son: 3366 Rpt: 36/63         1 FilleR NAME       3 File Till (Ethics Commission Filers) 00016755       00016755         1 Date       5 Full name of contributor       0xed-state PAC (Date       7 Amount of Contribution (\$)         202/09/2023       File fundame of contributor       0xed-state PAC (Date       7         6 Contributor address: City: State; Zip Code       7       Amount of Contribution (\$)       \$25.00         9 Principal accupation / Job title (See Instructions)       9 Employer (See Instructions)       Physician       Amount of Contribution (\$)       \$25.00         05/04/2023       Full name of contributor       nue-of-state PAC (Date       Amount of Contribution (\$)       \$25.00         Principal accupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$25.00         05/04/2023       Full name of contributor       nue-of-state PAC (Date       Amount of Contribution (\$)       \$25.00         Principal accupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$25.00         Date       Full name of contributor       nue-of-state PAC (Date       Amount of Contribution (\$)       \$25.00         Objointitle (See Instructions)       Employer (See Instructions)       Princi					
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6       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (DF:	02/08/2023				\$25.00
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05/04/2023       Marcantel, Derek L       \$25.00         Contributor address; City; State; Zip Code       Friendswood, TX 77546-6145         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Markides, Danna Michelle       Amount of Contribution (\$)         02/08/2023       Markides, Danna Michelle       \$25.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Full name of contributor out-of-state PAC (ID#:       Amount of Contribution (\$)         05/04/2023       Full name of contributor out-of-state PAC (ID#:       Amount of Contribution (\$)         05/04/2023       Full name of contributor out-of-state PAC (ID#:       Amount of Contribution (\$)         05/04/2023       Markides, Danna Michelle       S25.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)       Amount of Contribution (\$)         01/10/2023       Marks, Kristen Lynne       Amount of Contribution (\$)		pation / Job uue (See instructions)	9 Employer (See instructions,	)	
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Contributor address; City; State; Zip Code       Houston, TX 77008-2649         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Full name of contributor out-of-state PAC (ID#)         Date       Full name of contributor out-of-state PAC (ID#)         05/04/2023       Markides, Danna Michelle         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Houston, TX 77008-2649       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Gut-of-state PAC (ID#)         Date       Full name of contributor out-of-state PAC (ID#)         Date       Full name of contributor out-of-state PAC (ID#)         Marks, Kristen Lynne       Amount of Contribution (\$)         01/10/2023       Marks, Kristen Lynne       \$50.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Argyle, TX 76226-6873       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	02/08/2023				\$25.00
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Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/04/2023       Markides, Danna Michelle       \$25.00         Contributor address; City; State; Zip Code       Houston, TX 77008-2649       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/10/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/10/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Argyle, TX 76226-6873       Functional difference       \$50.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	•	pation / Job title (See Instructions)	Employer (See Instructions)	)	
05/04/2023       Markides, Danna Michelle       \$25.00         Contributor address; City; State; Zip Code       Houston, TX 77008-2649       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00         Physician       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/10/2023       Marks, Kristen Lynne       \$50.00         Contributor address; City; State; Zip Code       \$50.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Contributor address; City; State; Zip Code         Houston, TX 77008-2649         Principal occupation / Job title (See Instructions)         Physician         Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         Marks, Kristen Lynne         Contributor address; City; State; Zip Code         Argyle, TX 76226-6873         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			)	Amount of Contribution (\$)	
Houston, TX 77008-2649       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Full name of contributor out-of-state PAC (ID#:)         Date       Full name of contributor out-of-state PAC (ID#:)         Marks, Kristen Lynne       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$50.00         Argyle, TX 76226-6873       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	05/04/2023				\$25.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Full name of contributor out-of-state PAC (ID#:)         Date       Full name of contributor out-of-state PAC (ID#:)         01/10/2023       Marks, Kristen Lynne         Contributor address; City; State; Zip Code       \$50.00         Argyle, TX 76226-6873       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Full name of contributor out-of-state PAC (ID#:)         Date       Full name of contributor out-of-state PAC (ID#:)         01/10/2023       Marks, Kristen Lynne         Contributor address; City; State; Zip Code       \$50.00         Argyle, TX 76226-6873       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Full name of contributor out-of-state PAC (ID#:)         Date       Full name of contributor out-of-state PAC (ID#:)         01/10/2023       Marks, Kristen Lynne         Contributor address; City; State; Zip Code       \$50.00         Argyle, TX 76226-6873       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Houston TX 77008-2649			
Physician       Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/10/2023       Marks, Kristen Lynne       \$50.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$50.00         Argyle, TX 76226-6873       Employer (See Instructions)       Employer (See Instructions)	Principal occu		Employer (See Instructions)	)	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/10/2023       Marks, Kristen Lynne       \$50.00         Contributor address; City; State; Zip Code       Argyle, TX 76226-6873         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				)	
01/10/2023       Marks, Kristen Lynne       \$50.00         Contributor address; City; State; Zip Code       \$50.00         Argyle, TX 76226-6873       Employer (See Instructions)			<u> </u>	Amount of Contribution (¢)	
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Argyle, TX 76226-6873       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	01/10/2023				Φ00.00
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	Principal occu		Employer (See Instructions)	)	
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 34/56 Rpt: 37/63
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas College Of Emergency Physicians PAC	00016755
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) 7 Amount of Contribution (\$)
01/10/2023 Marquez, Otto J	\$8.33
6 Contributor address; City; State; Zip Code	
Dallas, TX 75214-3559	
8 Principal occupation / Job title (See Instructions) 9 E	mployer (See Instructions)
Physician	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
02/08/2023 Marquez, Otto J	\$8.33
Contributor address; City; State; Zip Code	
Dallas, TX 75214-3559	
Principal occupation / Job title (See Instructions)	mployer (See Instructions)
Physician	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
03/08/2023 Marquez, Otto J	\$8.33
Contributor address; City; State; Zip Code	
Dallas, TX 75214-3559	
	mployer (See Instructions)
Physician	
Date Full name of contributor out-of-state PAC (ID#:	
04/06/2023 Marquez, Otto J	\$8.33
Contributor address; City; State; Zip Code	
Dallas, TX 75214-3559	
	mployer (See Instructions)
Physician	
	Amount of Contribution (ft)
Date Full name of contributor out-of-state PAC (ID#: 05/04/2023 Marguez, Otto J	) Amount of Contribution (\$) \$8.33
	ψυ.ου
Contributor address; City; State; Zip Code	
Dallas, TX 75214-3559	
	mployer (See Instructions)
Physician	

The Instruction Guide ex	xplains how to complete this	form.	1 Total pages Schedule A1: Sch: 35/56 Rpt: 38/63	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
Texas College Of Emergency	y Physicians PAC		00016755	liers)
4 Date 5 Full name of c	contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
06/07/2023 Marquez, Ot	tto J			\$8.33
6 Contributor ac	ddress; City; State; Zip Code			
Dallas, TX 7				
8 Principal occupation / Job title (S Physician	See Instructions)	9 Employer (See Instructions)		
Date Full name of c	contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/10/2023 Martinez, Os				\$8.33
Contributor ac	ddress; City; State; Zip Code			
	(77429-6957			
Principal occupation / Job title (S Physician	See Instructions)	Employer (See Instructions)		
		I		
Date Full name of c		)	Amount of Contribution (\$)	<b>#0.00</b>
02/08/2023 Martinez, Os				\$8.33
	ddress; City; State; Zip Code			
Contributor at				
	( 77429-6957			
	( 77429-6957	Employer (See Instructions)	1	
Cypress, TX	( 77429-6957	Employer (See Instructions)	1	
Cypress, TX Principal occupation / Job title (S	( 77429-6957 See Instructions)		Amount of Contribution (\$)	
Cypress, TX Principal occupation / Job title (S Physician	( 77429-6957 See Instructions) contributor out-of-state PAC (ID#: scar	· · · · · · · · · · · · · · · · · · ·		\$8.33
Cypress, TX Principal occupation / Job title (S Physician Date Full name of c 03/08/2023 Martinez, Os	( 77429-6957 See Instructions) contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·		\$8.33
Cypress, TX Principal occupation / Job title (S Physician Date Full name of c 03/08/2023 Martinez, Os	Contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·		\$8.33
Cypress, TX Principal occupation / Job title (S Physician Date Full name of c 03/08/2023 Martinez, Os Contributor ac	Contributor out-of-state PAC (ID#: scar ddress; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$8.33
Cypress, TX Principal occupation / Job title (S Physician Date Full name of c 03/08/2023 Martinez, Os Contributor ac Cypress, TX	( 77429-6957 See Instructions) contributor out-of-state PAC (ID#: scar ddress; City; State; Zip Code	) )	Amount of Contribution (\$)	\$8.33
Cypress, TX Principal occupation / Job title (S Physician Date Full name of c 03/08/2023 Martinez, Os Contributor ac	( 77429-6957 See Instructions) contributor out-of-state PAC (ID#: scar ddress; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)	\$8.33
Cypress, TX Principal occupation / Job title (S Physician Date 03/08/2023 Contributor ac Cypress, TX Principal occupation / Job title (S	( 77429-6957 See Instructions) contributor out-of-state PAC (ID#: scar ddress; City; State; Zip Code ( 77429-6957 See Instructions)	Employer (See Instructions)	Amount of Contribution (\$)	\$8.33
Cypress, TX Principal occupation / Job title (S Physician Date Full name of o 03/08/2023 Martinez, OS Contributor ac Cypress, TX Principal occupation / Job title (S Physician	( 77429-6957         See Instructions)         contributor       out-of-state PAC (ID#:         scar         ddress; City; State; Zip Code         ( 77429-6957         See Instructions)         contributor       out-of-state PAC (ID#:         contributor       out-of-state PAC (ID#:	Employer (See Instructions)	Amount of Contribution (\$)	\$8.33
Cypress, TX       Principal occupation / Job title (S       Physician       Date     Full name of c       03/08/2023     Martinez, Os       Contributor ac       Cypress, TX       Principal occupation / Job title (S       Physician       Date     Cypress, TX       Principal occupation / Job title (S       Physician       Date     Full name of c       O4/06/2023     Martinez, Os	( 77429-6957         See Instructions)         contributor       out-of-state PAC (ID#:         scar         ddress; City; State; Zip Code         ( 77429-6957         See Instructions)         contributor       out-of-state PAC (ID#:         contributor       out-of-state PAC (ID#:	Employer (See Instructions)	Amount of Contribution (\$)	
Cypress, TX       Principal occupation / Job title (S       Physician       Date     Full name of c       03/08/2023     Martinez, Os       Contributor ac       Cypress, TX       Principal occupation / Job title (S       Physician       Date     Full name of c       Martinez, Os       Date     Cypress, TX       Principal occupation / Job title (S       Physician       Date     Full name of c       Martinez, Os       Martinez, Os	( 77429-6957 See Instructions) contributor	Employer (See Instructions)	Amount of Contribution (\$)	
Cypress, TX       Principal occupation / Job title (S       Physician       Date     Full name of of       03/08/2023     Martinez, Os       Contributor ad       Cypress, TX       Principal occupation / Job title (S       Physician       Date     Cypress, TX       Principal occupation / Job title (S       Physician       Date     Full name of of       04/06/2023     Martinez, Os       Contributor ad	( 77429-6957   See Instructions)   contributor   out-of-state PAC (ID#:   scar   ddress; City; State; Zip Code   ( 77429-6957   See Instructions)   contributor   out-of-state PAC (ID#:   scar   ddress; City; State; Zip Code	Employer (See Instructions)	Amount of Contribution (\$)	
Cypress, TX       Principal occupation / Job title (S       Physician       Date     Full name of of       03/08/2023     Martinez, Os       Contributor ad       Cypress, TX       Principal occupation / Job title (S       Physician       Date     Cypress, TX       Principal occupation / Job title (S       Physician       Date     Full name of of       04/06/2023     Martinez, Os       Contributor ad	( 77429-6957 See Instructions) contributor	Employer (See Instructions)	Amount of Contribution (\$)	
Cypress, TX       Principal occupation / Job title (S       Physician       Date     Full name of of       03/08/2023     Martinez, Os       Contributor ad       Cypress, TX       Principal occupation / Job title (S       Physician       Date     Cypress, TX       Principal occupation / Job title (S       Physician       Date     Full name of of       04/06/2023     Martinez, Os       Contributor ad	( 77429-6957   See Instructions)   contributor   out-of-state PAC (ID#:   scar   ddress; City; State; Zip Code   ( 77429-6957   See Instructions)   contributor   out-of-state PAC (ID#:   scar   ddress; City; State; Zip Code	Employer (See Instructions)	Amount of Contribution (\$)	

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

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 37/56 Rpt: 40/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Colle	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/08/2023	Mendenhall, Brian		\$8.33
	6 Contributor address; City; State; Zip Code		
	Longview, TX 75601-3567		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ;)
Physician			,
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/08/2023	Mendenhall, Brian		\$8.33
	Longview, TX 75601-3567		
	pation / Job title (See Instructions)	Employer (See Instructions	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	Mendenhall, Brian		\$8.33
	Contributor address; City; State; Zip Code		
	Longview, TX 75601-3567		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Physician			)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
05/04/2023	Mendenhall, Brian		\$8.33
00.0	Contributor address; City; State; Zip Code		•
	Longview, TX 75601-3567		
-	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2023	Mendenhall, Brian		\$8.33
	Contributor address; City; State; Zip Code		
	Longview, TX 75601-3567		-
	upation / Job title (See Instructions)	Employer (See Instructions	)
Physician			

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 38/56 Rpt: 41/63	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
Texas Colleg	e Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/10/2023	Menowsky, Michael Stanley			\$100.00
	6 Contributor address; City; State; Zip Code			
	Linn, TX 78563-0197			
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/08/2023	Metz, Rachel L			\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78260-6293			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Physician			)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/07/2023	Metz, Rachel L	/		\$25.00
00,01,2111	Contributor address; City; State; Zip Code			¥=0
	San Antonio, TX 78260-6293			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/04/2023	Muck, Andrew			\$25.00
	Contributor address; City; State; Zip Code			
	Boerne, TX 78006-5813			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/10/2023	Mullane, Geraldine F			\$100.00
	Contributor address; City; State; Zip Code			
	5			
	Brownsville, TX 78526-4343			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
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	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 39/56 Rpt: 42/63	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ge Of Emergency Physicians PAC			00016755	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/04/2023	Nance, Brenna J				\$50.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75204-7413				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/08/2023	Nasser, Sigrid				\$20.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75390-7208				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/04/2023	Nelson, David Bradford				\$100.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75229-5056				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor Dut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/10/2023	Newell, Cody F				\$8.33
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78210-1304				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/08/2023	Niziol, Charles				\$100.00
		Contributor address; City; State; Zip Code		1		
∟		Kingwood, TX 77339-2231				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Physician					

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	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 40/56 Rpt: 43/63
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		ge Of Emergency Physicians PAC		00016755
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	03/08/2023	O'Connor, Daniel B		\$100.00
		6 Contributor address; City; State; Zip Code		
_	<u> </u>	Spring, TX 77380-4019		<u> </u>
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/04/2023	Patel, Raj Mehul		\$25.00
		Contributor address; City; State; Zip Code		1
		San Antonio, TX 78260		
		pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	04/06/2023	Peckenpaugh, Daniel Eugene		\$1,200.00
		Contributor address; City; State; Zip Code		
		Fort Worth, TX 76135-9048		
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician			5)
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<b>`</b>	Amount of Contribution (\$)
	06/07/2023	Full name of contributor out-of-state PAC (ID#: Peters, Nick Paul	)	\$75.00
	00/01/2020	Contributor address; City; State; Zip Code		
		Contributor address, City, State, Zip Code		
		Fairview, TX 75069-1235		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	02/08/2023	Phariss, Chase		\$25.00
		Contributor address; City; State; Zip Code		
		Fort Worth, TX 76109-2617		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician			

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 41/56 Rpt: 44/63	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	ge Of Emergency Physicians PAC			00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
05/04/2023	Phariss, Chase				\$25.00
ļ	6 Contributor address; City; State; Zip Code		1		
	1				
	1				
	Fort Worth, TX 76109-2617				
	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
06/07/2023	Phillips, Tierney				\$100.00
ľ	Contributor address; City; State; Zip Code		1		
	1				
	1				
	Fort Worth, TX 76132-4526				
	pation / Job title (See Instructions)	Employer (See Instructions	3)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	$\square$	Amount of Contribution (\$)	
02/08/2023	Pinnow, Jeffery M				\$25.00
ļ	Contributor address; City; State; Zip Code		1		
	1				
	1				
	Odessa, TX 79765-8006				
	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
05/04/2023	Pinnow, Jeffery M				\$25.00
	Contributor address; City; State; Zip Code		1		
	1				
	2 1 TV 72725 2200				
	Odessa, TX 79765-8006	1 _ · · /2 · · · ·	Ļ		
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
05/04/2023	Popat, Rajan U				\$100.00
	Contributor address; City; State; Zip Code		1		
	1				
I	Richmond, TX 77407-2487				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician					
1					

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 42/56 Rpt: 45/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
01/10/2023	Pugh, George-Thomas M		\$4.17
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/08/2023	Pugh, George-Thomas M		\$4.17
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2023	Pugh, George-Thomas M		\$4.17
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	Pugh, George-Thomas M		\$4.17
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
-	pation / Job title (See Instructions)	Employer (See Instructions	;)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	Pugh, George-Thomas M		\$4.17
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		-
-	ipation / Job title (See Instructions)	Employer (See Instructions	<i>i</i> )
Physician			
1			

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

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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 44/56 Rpt: 47/63	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/04/2023	Pumarejo Gomez, Laura Sofia			\$8.33
	6 Contributor address; City; State; Zip Code		1	
	Frisco, TX 75034			
	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/07/2023	Pumarejo Gomez, Laura Sofia			\$8.33
	Contributor address; City; State; Zip Code		1	
	Frisco, TX 75034			
	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
02/08/2023	Rea, Steven D			\$100.00
	Contributor address; City; State; Zip Code			
	Calvester TV 77554 6105			
Dringing oog	Galveston, TX 77554-6105	Employer (See Instructions		
Phncipal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
			1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	1 000 00
04/19/2023	Robinson, Richard		۵. ۱	\$1,200.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76102			
Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician			"	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
03/08/2023	Full name of contributor out-of-state PAC (ID#: Rose, Jackie Lee	/		\$25.00
03,00,2020	Contributor address; City; State; Zip Code		4	Ψ20.00
	Contributor address, City, State, Zip Code			
	Kerrville, TX 78028-8050			
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Physician			,	
-				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 45/56 Rpt: 48/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/07/2023	Rose, Jackie Lee		\$25.00
	6 Contributor address; City; State; Zip Code		
	Greenville, TX 75402		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/10/2023	Rucker, Ebony R		\$8.33
	Contributor address; City; State; Zip Code		
	El Paso, TX 79934-2300		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/08/2023	Rucker, Ebony R		\$8.33
	Contributor address; City; State; Zip Code		
- · · ·	El Paso, TX 79934-2300		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2023	Rucker, Ebony R		\$8.33
	Contributor address; City; State; Zip Code		
	El Paso, TX 79934-2300		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Phincipal occu Physician			)
_		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04/06/2023	Rucker, Ebony R		\$8.33
	Contributor address; City; State; Zip Code		
	El Paso, TX 79934-2300		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			/

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

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 47/56 Rpt: 50/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/08/2023	Sabatini, Collin J		\$8.33
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77027-2019		
	pation / Job title (See Instructions)	9 Employer (See Instructions	<i>)</i> )
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2023	Sabatini, Collin J		\$8.33
	Contributor address; City; State; Zip Code		
	Houston, TX 77027-2019		
	pation / Job title (See Instructions)	Employer (See Instructions	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	Sabatini, Collin J		\$8.33
	Contributor address; City; State; Zip Code		
- • • •	Houston, TX 77027-2019		-
	pation / Job title (See Instructions)	Employer (See Instructions	.)
Physician		l	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	Sabatini, Collin J		\$8.33
	Contributor address; City; State; Zip Code		
	Houston, TX 77027-2019		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Physician			<i>(</i> )
-		. 1	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/07/2023	Sabatini, Collin J		\$8.33
	Contributor address; City; State; Zip Code		
	Houston, TX 77027-2019		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Physician			)

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.		Fotal pages Schedule A1: Sch: 48/56 Rpt: 51/63	
2 FILER NAME			3 F	Filer ID (Ethics Commission	n Filers)
Texas Colle	ge Of Emergency Physicians PAC			00016755	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 /	Amount of Contribution (\$)	
04/06/2023	Salazar, Gilberto A				\$100.00
	6 Contributor address; City; State; Zip Code				
	Allen, TX 75002-2621				
	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
Physician			_		
Date	Full name of contributor out-of-state PAC (ID#:	)	<i>۲</i>	Amount of Contribution (\$)	
01/10/2023	Salem, Michael E				\$100.00
	Contributor address; City; State; Zip Code				
	San Angelo, TX 76904-6814				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Physician			)		
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
01/10/2023	Full name of contributor out-of-state PAC (ID#: Schoenstein, Lynda Mitchell	)	<sup>^</sup>		\$25.00
01110/2020	Contributor address; City; State; Zip Code				Ψ20.00
	Contributor address, Ony, State, Zip Code				
	League City, TX 77573-6267				
•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	/	Amount of Contribution (\$)	
04/06/2023	Schoenstein, Lynda Mitchell				\$25.00
	Contributor address; City; State; Zip Code		1		
	Langua City TV 77572 6267				
Principal occu	League City, TX 77573-6267 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Philipai occu Physician	pation / Job title (See instructions)		5)		
-	Full name of contributor Out-of-state PAC (ID#:		<u> </u>	A contribution (\$)	
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: Sheena, Douglas A	)	'	Amount of Contribution (\$)	\$8.33
00/00/2020	Contributor address; City; State; Zip Code				Ψ0.00
	Continuation address, City, State, Lip Code				
	Dallas, TX 75206-0500				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 49/56 Rpt: 52/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/08/2023	Sheena, Douglas A		\$8.33
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75206-0500		
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> ۵)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2023	Sheena, Douglas A		\$8.33
	Contributor address; City; State; Zip Code		
	Dallas, TX 75206-0500		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	Sheena, Douglas A		\$8.33
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75206-0500		
	<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions	<i>;</i> )
Physician		<u> </u>	T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	Sheena, Douglas A		\$8.33
	Contributor address; City; State; Zip Code		
	Dallas, TX 75206-0500		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Physician			''
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
06/07/2023	Sheena, Douglas A	/	\$8.33
	Contributor address; City; State; Zip Code		
	Dallas, TX 75206-0500		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician			
		<u> </u>	

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

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 51/56 Rpt: 54/63
2 FILER NAME		!	<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
03/08/2023	Stacks, Kevin B	1	\$8.3
	6 Contributor address; City; State; Zip Code	,	1
		1	
	Denison, TX 75020-0775	1	
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	
Physician			<i>»</i> /
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	Stacks, Kevin B	!	\$8.3
	Contributor address; City; State; Zip Code		1
		,	
		,	
	Denison, TX 75020-0775		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/04/2023	Stacks, Kevin B	!	\$8.3
	Contributor address; City; State; Zip Code	1	1
		1	
		1	
	Denison, TX 75020-0775	<u> </u>	
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions	3)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2023	Stacks, Kevin B	,	\$8.3
	Contributor address; City; State; Zip Code		1
		,	
		!	
	Denison, TX 75020-0775	!	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/08/2023	Stewart, Stephen P	!	\$25.0
	Contributor address; City; State; Zip Code	,	1
		1	
		,	
	Wilson, TX 79381-2341		<u> </u>
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Physician			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 52/56 Rpt: 55/63	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
ľ		ge Of Emergency Physicians PAC		ľ	00016755	TT lieroj
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/07/2023	Stroupe, Earnest W				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Arp, TX 75750-9643				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/08/2023	Stucka, Kristy Renee	,			\$25.00
		Dallas, TX 75225-7653				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/04/2023	Stucka, Kristy Renee				\$25.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75225-7653				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/07/2023	Taylor, Charles Jensen				\$100.00
		Contributor address; City; State; Zip Code		1		
		Aledo, TX 76008-1318		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician			_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/10/2023	Thomas, Jacob				\$1.67
		Contributor address; City; State; Zip Code				
Í		Houston, TX 77024				
┝	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician			"		
⊢	. Hysioluli					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 53/56 Rpt: 56/63
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
02/08/2023	Thomas, Jacob		\$1.67
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77024		
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2023	Thomas, Jacob		\$1.67
	Contributor address; City; State; Zip Code		
	Houston, TX 77024		
	pation / Job title (See Instructions)	Employer (See Instructions	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	Thomas, Jacob		\$1.67
	Contributor address; City; State; Zip Code		
	Houston, TX 77024		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/04/2023	Thomas, Jacob		\$1.63
	Contributor address; City; State; Zip Code		
Dringinglassy	Houston, TX 77024	Freeleyer (Coolingtructions	
Phincipal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions	
-		<u> </u>	Amount of Constribution (ft)
Date 06/07/2023	Full name of contributor out-of-state PAC (ID#: Thomas, Jacob	)	Amount of Contribution (\$) \$1.67
00/01/2023	Contributor address; City; State; Zip Code		\$1.01
	Contributor address, City, State, Zip Code		
	Houston, TX 77024		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
Physician			
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	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 54/56 Rpt: 57/63	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
		ge Of Emergency Physicians PAC		1	00016755	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	02/08/2023	Thompson, Jeffrey B				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Beaumont, TX 77726-2779				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/04/2023	Thompson, Jeffrey B				\$25.00
		Contributor address; City; State; Zip Code		1		
		Beaumont, TX 77726-2779				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/04/2023	Thoppil, Joby Josekutty				\$100.00
		Contributor address; City; State; Zip Code		1		
		Parker, TX 75002-6266				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor Dut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/10/2023	Till, Larry P				\$100.00
		Contributor address; City; State; Zip Code		1		
		The Woodlands, TX 77380-2642				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/08/2023	Tran, MacLong T				\$25.00
		Contributor address; City; State; Zip Code		]		
		Richardson, TX 75082-5604				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
L						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 55/56 Rpt: 58/63	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/04/2023	Tran, MacLong T			\$25.00
	6 Contributor address; City; State; Zip Code			
	Richardson, TX 75082-5604			
	upation / Job title (See Instructions)	9 Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/17/2023	Troutman, Gerad			\$250.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79423			
	upation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/10/2023	Walker, Kara K			\$100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75204-2840			
	upation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/04/2023	Whitten, David N			\$100.00
	Contributor address; City; State; Zip Code			
	Texarkana, TX 75503-1906			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)	
Physician			)	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
06/07/2023	Full name of contributor out-of-state PAC (ID#: Williams, James M	)	Amount of Contribution (\$)	\$100.00
00/07/2023				Φ100.00
	Contributor address; City; State; Zip Code			
	Baltimore, MD 21204-6517			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)	
Physician	•		<i>,</i>	
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The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 56/56 Rpt: 59/63				
FILER NAME		3	Filer ID (Ethics Commissio	n Filers)			
		ľ	00016755				
Date	5 Full name of contributor out-of-state PAC (ID#:	7	Amount of Contribution (\$)				
03/08/2023	de Moor, Carrie				\$25.00		
	6 Contributor address; City; State; Zip Code		1				
	Frisco, TX 75034-8353						
Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>				
Physician							
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)			
06/07/2023	de Moor, Carrie				\$25.00		
	Frisco. TX 75034-8353						
Principal occu		Employer (See Instructions	<u>ا</u> د)				
			,				
-			_				
		)		Amount of Contribution (\$)			
04/17/2023					\$1,200.00		
	Contributor address; City; State; Zip Code						
•	pation / Job title (See Instructions)	Employer (See Instructions	5)				
Physician							
	FILER NAME Texas Coller Date 03/08/2023 Principal occu Physician Date 06/07/2023 Principal occu Physician Date 04/17/2023	FILER NAME         Texas College Of Emergency Physicians PAC         Date       5       Full name of contributor       out-of-state PAC (ID#:_ de Moor, Carrie         03/08/2023       6       Contributor address; City; State; Zip Code         Frisco, TX 75034-8353         Principal occupation / Job title (See Instructions)         Physician       Full name of contributor       out-of-state PAC (ID#:_ de Moor, Carrie         06/07/2023       Full name of contributor       out-of-state PAC (ID#:_ de Moor, Carrie         06/07/2023       Frisco, TX 75034-8353         Principal occupation / Job title (See Instructions)         Physician         Date       Full name of contributor         04/17/2023       Ge Moor, Carrie         04/17/2023       Full name of contributor         04/17/2023       Full name of contributor         04/17/2023       Full name of contributor         04/17/2023       Ge Moor, Carrie         04/17/2023       Contributor address; City; State; Zip Code         Frisco, TX 75034       Frisco, TX 75034         Principal occupation / Job title (See Instructions)	Texas College Of Emergency Physicians PAC         Date       5       Full name of contributor       out-of-state PAC (ID#:)         03/08/2023       6       Contributor address; City; State; Zip Code         6       Contributor address; City; State; Zip Code         Frisco, TX 75034-8353       9       Employer (See Instructions)         Physician       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/07/2023       de Moor, Carrie	The Instruction Guide explains how to complete this form.       3         FILER NAME       3         Texas College Of Emergency Physicians PAC       3         Date       \$ Full name of contributor out-of-state PAC (ID#:) de Moor, Carrie       7         6 Contributor address; City; State; Zip Code       Frisco, TX 75034-8353       7         Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       9         Date       Full name of contributor out-of-state PAC (ID#:)       06/07/2023       de Moor, Carrie      )         Date       Full name of contributor out-of-state PAC (ID#:)       de Moor, Carrie      )         Date       Full name of contributor out-of-state PAC (ID#:)       de Moor, Carrie      )         Date       Full name of contributor out-of-state PAC (ID#:)       de Moor, Carrie      )         Date       Frisco, TX 75034-8353       Employer (See Instructions)       Physician         Date       Full name of contributor out-of-state PAC (ID#:	FILER NAME       3       Filer ID       (Ethics Commission 00016755         Pate       5       Full name of contributor       out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         03/08/2023       6       Contributor address; City; State; Zip Code       7       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/07/2023       de Moor, Carrie		

# 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 Colleç	ge Of Emergency Physicians PAC	3	Filer ID 00016755	(Ethics Commission Filers)				
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		ge Of Emergency Physicians PAC	3	Filer ID 00016755	(Ethics Commission Filers)				
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/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense - Gift/Awards/Memorials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1 Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)					
Sch: 1/2 Rpt: 62/63	Texas College Of Emergency Phys	sicians PAC	00016755					
4 Date	5 Payee name							
01/03/2023	Payscape							
6 Amount (\$)		State; Zip Code						
\$12.95	1438 West Peachtree Street NW							
Expenditure from corporate funds	Atlanta, GA 30309							
8 PURPOSE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description						
OF EXPENDITURE	Fees		outside of Texas. Complete Schedule T.					
			, TX, officeholder living expense					
		committee.	fees for online/credit card contributions to					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held					
Date	Payee name							
02/01/2023	Payscape							
Amount (\$)		State; Zip Code						
\$20.93	1438 West Peachtree Street NW							
ΨΖΟ.30	1430 WEST FEACHINES SUCCEINW							
Expenditure from corporate funds	Atlanta, GA 30309							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Fees	Check if travel of Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense ees for online/credit card contributions to					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held					
	· · · · · · · · · · · · · · · · · · ·							
Date	Payee name							
03/01/2023	Payscape							
Amount (\$)	Payee address; City; S	State; Zip Code						
\$12.95	1438 West Peachtree Street NW							
Expenditure from corporate funds	Atlanta, GA 30309							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th Fees	Check if travel of Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense ees for online/credit card contributions to					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held					

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
4 Total warman Cabadula E1.			orbination of the second se			1	51 ID	(Ethics Octomization Filoro)
1 Total pages Schedule F1: Sch: 2/2 Rpt: 63/63		ege Of Emergency	Physicians PA	С		3	Filer ID 00016755	(Ethics Commission Filers)
4 Date	5 Payee name					I		
04/03/2023	Payscape							
6 Amount (\$)	7 Payee addres	ss; City;	State; Zip C	Code				
\$12.95	1438 West	Peachtree Street N	100					
Expenditure from corporate funds	Atlanta, GA	30309		_				
8 PURPOSE OF EXPENDITURE	(a) Category <sub>(Si</sub> Fees	ee Categories listed at the te	(b) Description Check if travel outside of Texas. Complete Schedule T. 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/OF		ceholder name	Office so	bught			Office he	ld
Date	Payee name							
05/01/2023	Payscape							
Amount (\$)	Payee addre	ss; City;	State; Zip C	`ode				
\$299.35	2	Peachtree Street N		Jue				
Expenditure from corporate funds	Atlanta, GA	30309						
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if Austin, TX, officehold Processing fees for online       Check if Austin, TX, officehold Processing fees for online					officeholder living			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ceholder name	Office so	bught			Office he	ld
Date	Payee name							
06/01/2023	Payscape							
Amount (\$)	Payee addre	ss; City;	State; Zip C	Code				
\$12.95	1438 West	Peachtree Street N	IW					
Expenditure from corporate funds	Atlanta, GA	30309						
PURPOSE OF EXPENDITURE	(a) Category <sub>(Si</sub> Fees	ee Categories listed at the tr	op of this schedule)	(b)	Check if Austin	ı, ТХ,	de of Texas. Comp officeholder living for online/cr	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ceholder name	Office so	bught			Office he	ld