MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Τł	The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00055755 2 Total pages filed: 9				
Ļ	COMMITTEE NAME		00055755		
3		ical Society DAC		OFFICE USE ONLY	
	Dallas County Med	ical Society PAC		Date Received ELECTRONICALLY FILED	
				01/05/2024	
4		ADDRESS / PO BOX; APT / SUITE #; CIT	Y; STATE; ZIP		
	ADDRESS	DCMS			
	Change of Address	2611 Fairmount St Dallas, TX 75201		Date Hand-delivered or Date Postmarked	
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand denvered of Date Positilarited	
	TREASURER NAME	Gabriela		Receipt # Amount	
		NICKNAME LAST	SUFFIX	Date Processed	
		Uquillas		Date Imaged	
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STA	TE; ZIP CODE	
	STREET	2611 Fairmount St			
	(Residence or Business)	Dallas, TX 75201			
7	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; STA	ATE; ZIP CODE	
	MAILING ADDRESS	140 East 12th Street			
	Change of Address	Dallas, TX 75205			
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		
	PHONE	(214) 413-1426			
9	REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)	
10	MONTHLY REPORT FILING	X January 5 April 5	July 5	October 5	
	DEADLINE	February 5 May 5	August 5	November 5	
		March 5 June 5	September 5	December 5	
11	L PERIOD COVERED	Month Day Year THR	DUGH Month	Day Year	
┝		11/26/2023	12/25/2	023	
		GO TO I			
Fo	rms provided by Tex	as Ethics Commission www.ethics	.state.tx.us	Version V3.5.1.f1b8c3f1	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Dallas County Medical S	Society PAC		0005575	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 ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	861.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY \$	32,993.47
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Gabriela	t Uquillas	
		Signature of Car	-	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ninistering 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.f1b8c3f1

FORM MPAC COVER SHEET PG 3

3 of 9

17 COMMITTEE NAME	(Ethics Commission Filers)	
Dallas County Medical Society PAC	00055755	
19 SCHEDULE SUBTOTALS	SUBTOTAL AMOUNT	
NAME OF SCHEDULE		
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 861.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$ 248.73
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - MPAC

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/9	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		y Medical Society PAC			00055755	
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7	Amount of Contribution (\$)	
	11/26/2023	Andrew M.D., Portteus				\$28.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75205-1034				
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 (\$)	
	12/23/2023	Annette M.D., Okai				\$42.00
		Contributor address; City; State; Zip Code		1		
		Plano, TX 75024-4320				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	12/22/2023	Armando M.D., Yepes				\$42.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75243-3787	1			
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Physician			_		
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	12/11/2023	Beth M.D., Wright				\$42.00
		Contributor address; City; State; Zip Code				
		Dollar, TV 75200 2721				
⊢	Dringing ago	Dallas, TX 75208-2731	Employer (Cap Instructions			
	Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╞	-			_		
	Date	Full name of contributor Out-of-state PAC (ID#)		Amount of Contribution (\$)	#00.00
	12/19/2023	Daniel M.D., Gehlbach				\$20.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75203-1201				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Physician			ננ		
	. nysioian					

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/9
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		ty Medical Society PAC		00055755
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	12/18/2023	David M.D., Kabel		\$42.00
		6 Contributor address; City; State; Zip Code		
		Plano, TX 75093-5983		
8		pation / Job title (See Instructions)	9 Employer (See Instructions))
	Physician			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/15/2023			\$42.00
		Contributor address; City; State; Zip Code		
		Dollag TV 75200 0046		
	Dringingl occu	Dallas, TX 75390-9046	Employer (Soo Instructions	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)
-				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/14/2023	James M.D., Chanez		\$42.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75231-4469		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()
	Physician			
	Date	Full name of contributor Out-of-state PAC (ID#:	\ \	Amount of Contribution (\$)
	12/14/2023	Full name of contributor out-of-state PAC (ID#: John M.D., Wallace)	Amount of Contribution (\$) \$42.00
	12/14/2023			ψ42.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75231-4297		
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	l ;)
	Physician			, ,
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/18/2023	Karanjit M.D., Kooner)	\$42.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75390-9057		
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions) ;)
	Physician			

	The Instru	ction Guide explains how to complete thi	is form.		Total pages Schedule A1: Sch: 3/5 Rpt: 6/9	
2	FILER NAME				- Filer ID (Ethics Commission	Filers)
		ty Medical Society PAC			00055755	
4	Date	5 Full name of contributor out-of-state PAC (I	D#:)	7	Amount of Contribution (\$)	
	12/14/2023	Nnalu M.D., Ochei				\$15.00
		6 Contributor address; City; State; Zip Code				
		Lewisville, TX 75057-5143				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Physician	· · · · ·		,		
	Date	Full name of contributor 🛛 out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	12/05/2023	Patricia M.D., LaRue				\$42.00
		Contributor address; City; State; Zip Code		"		
		Dallas, TX 75208-2340				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	12/16/2023	Patrick M.D., Brown				\$42.00
		Contributor address; City; State; Zip Code		"		
		Plano, TX 75093-8036				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor 🔲 out-of-state PAC (I	D#:)	/	Amount of Contribution (\$)	
	12/14/2023	Philip M.D., Lieu				\$42.00
		Contributor address; City; State; Zip Code]		
		Dallas, TX 75230-5320				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
Γ	Date	Full name of contributor 🛛 out-of-state PAC (I	D#:)	T /	Amount of Contribution (\$)	
	12/20/2023	Rebecca M.D., Euwer				\$42.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75234-7852				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
1						

	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/9	
2	FILER NAME			3 Filer ID (Ethics Commission Filers	5)
_		ty Medical Society PAC		00055755	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	12/05/2023	Robin D.O., Rosen		\$42	2.00
		6 Contributor address; City; State; Zip Code	,		
		Dallas, TX 75390-9032	_		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	12/14/2023	Ryan M.D., Tillman		\$42	2.00
		Contributor address; City; State; Zip Code			
		Southlake, TX 76092-1423			
		pation / Job title (See Instructions)	Employer (See Instructions		
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/12/2023	Samir M.D., Parikh		\$42	2.00
		Contributor address; City; State; Zip Code			
		Dallas, TX 75390-9030			
		pation / Job title (See Instructions)	Employer (See Instructions	3)	
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	11/28/2023	Shalita M.D., Jones		\$42	2.00
		Contributor address; City; State; Zip Code			
		Dallas, TX 75218-4503	-		
		pation / Job title (See Instructions)	Employer (See Instructions	3)	
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/18/2023	Shashi M.D., Dharma		\$42	2.00
		Contributor address; City; State; Zip Code			
		Irving, TX 75063-3232	_		
		pation / Job title (See Instructions)	Employer (See Instructions	3)	
	Physician				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 8/9 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Dallas County Medical Society PAC 00055755 5 Full name of contributor 4 Amount of Contribution (\$) Date out-of-state PAC (ID#: 7 12/01/2023 \$42.00 Stephen M.D., Aronoff 6 Contributor address; City; State; Zip Code Fairview, TX 75069-8500 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)) 12/01/2023 \$42.00 William M.D., Caudill Contributor address; City; State; Zip Code Dallas, TX 75287-6843 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

otal pages Schedule I	2 FILER NAME	3 Filer ID (Ethics Commission Filers
Sch: 1/1 Rpt: 9/9	Dallas County Medical Society PAC	00055755
Date 12/15/2023	5 Payee name Dallas County Medial Society	
Amount (\$) 40.60	7 Payee Address; City; State; Zip PO Box 4680	
expenditure from corporate funds	Dallas, TX 75208-0680	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required. Bank Administrative Fees
Date 12/15/2023	Payee name Dallas County Medical Society	
Amount (\$) 115.10 Expenditure from	Payee Address; City; State; Zip PO Box 4680	
corporate funds	Dallas, TX 75208	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor	(b) Description (See instructions regarding type of information required. Administrative Expenses
Date	Payee name	
2/15/2023	Dallas County Medical Society	
Amount (\$) 63.43	Payee Address; City; State; Zip PO Box 4680	
Expenditure from corporate funds	Dallas, TX 75208	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Technology	(b) Description (See instructions regarding type of information required. Accounting Systems
Date	Payee name	
2/15/2023	Dallas County Medical Society	
Amount (\$) 29.60	Payee Address; City; State; Zip PO Box 4680	
Expenditure from corporate funds	Dallas, TX 75208	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required. Credit Card Fees
	bate 2/15/2023 mount (\$) 40.60 Expenditure from corporate funds PURPOSE OF EXPENDITURE Date 2/15/2023 mount (\$) 115.10 Expenditure from corporate funds PURPOSE OF EXPENDITURE Date 2/15/2023 mount (\$) 63.43 Expenditure from corporate funds PURPOSE OF EXPENDITURE Date 2/15/2023 mount (\$) 63.43 Expenditure from corporate funds PURPOSE OF EXPENDITURE Date 2/15/2023 mount (\$) 63.43 Expenditure from corporate funds PURPOSE OF EXPENDITURE	Ach: 1/1 Rpt: 9/9 Dallas County Medical Society PAC Pate 5 Payee name 2/15/2023 Dallas County Medial Society mount (\$) 7 Payee Address; City; State; Zip 40.60 PO Box 4680 Expenditure from Dallas, TX 75208-0680 PURPOSE (a) Category (See instructions for examples of acceptable categories) Accounting/Banking Accounting/Banking Pate Payee name 2/15/2023 Dallas County Medical Society mount (\$) Payee Address; City; State; Zip PO Box 4680 Dallas, TX 75208 PURPOSE (a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor Salaries/Wages/Contract Labor OF Payee name 2/15/2023 Dallas County Medical Society mount (\$) Payee name 2/15/2023 Dallas County Medical Society mount (\$) Payee Address; City; State; Zip 63.43 PO Box 4680 Expenditure from Dallas, TX 75208 PURPOSE (a) Category (See instructions for examples of acceptable categories) 63.43 PO Box 4