

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Dallas County Medical Society PAC	13 Filer ID (Ethics Commission Filers) 00055755
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 861.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 32,993.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Gabriela Uquillas

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Dallas County Medical Society PAC		18 Filer ID (Ethics Commission Filers) 00055755
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 861.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 248.73
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/9
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 11/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew M.D., Portteus	7 Amount of Contribution (\$) \$28.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75205-1034	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annette M.D., Okai	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Plano, TX 75024-4320	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando M.D., Yepes	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Dallas, TX 75243-3787	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth M.D., Wright	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Dallas, TX 75208-2731	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel M.D., Gehlbach	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Dallas, TX 75203-1201	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/9
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David M.D., Kabel <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-5983	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen M.D., Hobbs <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-9046	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James M.D., Chanez <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4469	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John M.D., Wallace <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4297	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karanjit M.D., Kooner <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-9057	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/9
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 12/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nnalu M.D., Ochei <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75057-5143	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia M.D., LaRue <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208-2340	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick M.D., Brown <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-8036	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip M.D., Lieu <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-5320	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca M.D., Euwer <hr/> Contributor address; City; State; Zip Code Dallas, TX 75234-7852	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/9
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin D.O., Rosen	7 Amount of Contribution (\$) \$42.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75390-9032	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan M.D., Tillman	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Southlake, TX 76092-1423	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samir M.D., Parikh	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Dallas, TX 75390-9030	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shalita M.D., Jones	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Dallas, TX 75218-4503	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shashi M.D., Dharma	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Irving, TX 75063-3232	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 9/9	2 FILER NAME Dallas County Medical Society PAC	3 Filer ID (Ethics Commission Filers) 00055755
4 Date 12/15/2023	5 Payee name Dallas County Medial Society	
6 Amount (\$) 40.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Box 4680 Dallas, TX 75208-0680	
8 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 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 4680 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 12/15/2023	Payee name Dallas County Medical Society	
Amount (\$) 63.43 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 4680 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 12/15/2023	Payee name Dallas County Medical Society	
Amount (\$) 29.60 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 4680 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