

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 1

<b>The DCE Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00088462	<b>2</b> Total pages filed: 4
<b>3</b> FILER NAME	MS / MRS / MR                      FIRST    MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/12/2024  Date Hand-delivered or Date Postmarked  Receipt #                      Amount  Date Processed  Date Imaged	
	NICKNAME                                      LAST    SUFFIX  Texas Medical Association		
<b>4</b> FILER ADDRESS	ADDRESS / PO BOX;    APT / SUITE #;    CITY;                      STATE;                      ZIP CODE 401 W. 15th St.  Austin, TX 78701		
<input type="checkbox"/> Change of Address			
<b>5</b> FILER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (512) 370-1348		
<b>6</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		
	<input type="checkbox"/> Runoff		
<b>7</b> PERIOD COVERED	Month    Day                      Year 10/30/2023	THROUGH	Month    Day                      Year 12/31/2023
<b>8</b> ELECTION	ELECTION DATE Month    Day                      Year 11/07/2023	ELECTION TYPE	
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>9</b> FILER 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    Ballot ID:TX Prop 8 Election Date:2023-11-07 Desc:Creates the Broadband Infrastructure Fund	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
<b>GO TO PAGE 2</b>			

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

<b>10 FILER NAME</b> Texas Medical Association		<b>11 Filer ID</b> (Ethics Commission Filers) 00088462
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 202.83

**13 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.

\_\_\_\_\_  
Signature of Filer  
or  
Signature of individual with authority to sign on behalf of entity  
(only if Filer is an entity)

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 - DCE

FORM DCE  
COVER SHEET PG 3  
3 of 4

<b>14 FILER NAME</b> Texas Medical Association		<b>15 Filer ID</b> (Ethics Commission Filers) 00088462
<b>16 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 202.83
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	<b>2</b> FILER NAME Texas Medical Association	<b>3</b> Filer ID (Ethics Commission Filers) 00088462	
<b>4</b> Date 10/30/2023	<b>5</b> Payee name Texas Medical Association personnel		
<b>6</b> Amount (\$) \$202.83  <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 401 W. 15th St.  Austin, TX 78701		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Staff time on social media campaign to support TX Prop 8	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held