

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016755	2 Total pages filed: 73
3 COMMITTEE NAME Texas College Of Emergency Physicians PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/16/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 West 15th Street, Suite 695 Austin, TX 78701	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mr. Richard NICKNAME LAST SUFFIX Robinson	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street, Suite 695 Austin, TX 78701	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street, Suite 695 Austin, TX 78701	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 306-0605	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 07/01/2023 THROUGH 12/31/2023	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas College Of Emergency Physicians PAC	13 Filer ID (Ethics Commission Filers) 00016755
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,582.84
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 275.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 139,236.47
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.

Mr. Richard Robinson

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Texas College Of Emergency Physicians PAC		18 Filer ID (Ethics Commission Filers) 00016755
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,563.65
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,310.41
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 708.78
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 275.70
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/65 Rpt: 4/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrams, Sal J <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78248-2409	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrams, Sal J <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-2409	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adesina, Adedoyin <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578-1641	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adesina, Adedoyin <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578-1641	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-1736	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/65 Rpt: 5/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-1736	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-1736	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-1736	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-1736	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-1736	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/65 Rpt: 6/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75390-7214	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/65 Rpt: 7/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis	7 Amount of Contribution (\$) \$8.33
6 Contributor address; City; State; Zip Code Dallas, TX 75390-7214		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auerbach, Andrew J	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Antonio, TX 78256-4300		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aufricht, William R	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78723-2003		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Houston, TX 77071-2015		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Houston, TX 77071-2015		
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: 5/65 Rpt: 8/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77071-2015	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-2015	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-2015	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M <hr/> Contributor address; City; State; Zip Code Houston, TX 77071-2015	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Dolores <hr/> Contributor address; City; State; Zip Code Rancho Viejo, TX 78575-9633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/65 Rpt: 9/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baine, Ralph F <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76135-1013	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, James W <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-8075	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Aaron <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124-4949	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Aaron <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124-4949	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Aaron <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124-4949	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/65 Rpt: 10/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Aaron <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79124-4949	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Aaron <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124-4949	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batki, Dara <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78261-1817	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-4188	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-4188	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/65 Rpt: 11/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian	7 Amount of Contribution (\$) \$8.33
6 Contributor address; City; State; Zip Code Coppell, TX 75019-4188		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian	Amount of Contribution (\$) \$8.37
Contributor address; City; State; Zip Code Coppell, TX 75019-4188		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Coppell, TX 75019-4188		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Coppell, TX 75019-4188		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beezley, Jon Thomas	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Grapevine, TX 76051-6460		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/65 Rpt: 12/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behan, Francis C <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-1131	7 Amount of Contribution (\$) \$8.37
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Atiba E <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-8508	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Atiba E <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-8508	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benzing, Adam C <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-4613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berumen PLLC <hr/> Contributor address; City; State; Zip Code El Paso, TX 79932-4104	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/65 Rpt: 13/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhakta, Vishal <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-1616	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/65 Rpt: 14/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothby, Leslie B <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-4532	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Richard Neville <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-7057	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brice, Matthew <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-8982	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/65 Rpt: 15/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jonathan Thomas <hr/> 6 Contributor address; City; State; Zip Code Lindale, TX 75771-0639	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bublewicz, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-1420	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bublewicz, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-1420	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108-3343	Amount of Contribution (\$) \$0.83
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108-3343	Amount of Contribution (\$) \$0.83
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/65 Rpt: 16/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A	7 Amount of Contribution (\$) \$0.83
6 Contributor address; City; State; Zip Code Cibolo, TX 78108-3343		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A	Amount of Contribution (\$) \$0.83
Contributor address; City; State; Zip Code Cibolo, TX 78108-3343		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A	Amount of Contribution (\$) \$0.83
Contributor address; City; State; Zip Code Cibolo, TX 78108-3343		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A	Amount of Contribution (\$) \$0.83
Contributor address; City; State; Zip Code Cibolo, TX 78108-3343		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazares, Guillermo Nicolas	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Lubbock, TX 79423-6178		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/65 Rpt: 17/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervenka, Gregory Matthew <hr/> 6 Contributor address; City; State; Zip Code Ennis, TX 75119-7526	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Phillip Edward <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234-1085	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Phillip Edward <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234-1085	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Jeffrey A <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126-5194	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Jeffrey A <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126-5194	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiang, Christina C M <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-2798	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chou, Shih-Chin <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-5533	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049-4463	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049-4463	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049-4463	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R 6 Contributor address; City; State; Zip Code Granbury, TX 76049-4463	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R Contributor address; City; State; Zip Code Granbury, TX 76049-4463	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R Contributor address; City; State; Zip Code Granbury, TX 76049-4463	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Angela Pettit Contributor address; City; State; Zip Code Burleson, TX 76028-3661	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke Contributor address; City; State; Zip Code Austin, TX 78737-4689	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-4689	7 Amount of Contribution (\$) \$2.08
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4689	Amount of Contribution (\$) \$2.12
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4689	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4689	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke <hr/> Contributor address; City; State; Zip Code Austin, TX 78737-4689	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dasa, Sridevi Laxmi <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-7534	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T <hr/> Contributor address; City; State; Zip Code Austin, TX 78735-6244	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T <hr/> Contributor address; City; State; Zip Code Austin, TX 78735-6244	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T <hr/> Contributor address; City; State; Zip Code Austin, TX 78735-6244	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78735-6244	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doerle, Samuel M <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548-6030	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaves, Robby McClendon <hr/> Contributor address; City; State; Zip Code Sour Lake, TX 77659-8751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ejesieme, Nnenna Cynthia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-5224	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ejesieme, Nnenna Cynthia <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209-5224	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevez, Rosa M <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-5335	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairless, Justin W <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairless, Justin W <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairless, Justin W <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/65 Rpt: 24/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairless, Justin W <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fasullo, Frank Joseph <hr/> Contributor address; City; State; Zip Code El Lago, TX 77586-6044	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fawcett, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-6749	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feng, Sing-Yi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75235-7701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, James E <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-2917	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/65 Rpt: 25/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fink, Walter Allen <hr/> 6 Contributor address; City; State; Zip Code Reno, NV 89521-6231	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fite, Diana L <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355-2224	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleishman, Justin N <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287-6812	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jonathan R <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-7502	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jonathan R <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-7502	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Paul A	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Austin, TX 78704-4235		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Paul A	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78704-4235		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frame, James Earl	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Van Alstyne, TX 75495-4703		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Dallas, TX 75214-3119		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F	Amount of Contribution (\$) \$8.37
Contributor address; City; State; Zip Code Dallas, TX 75214-3119		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3119	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3119	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3119	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3119	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galatzan, Leigh Stewart <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-6781	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/65 Rpt: 28/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galatzan, Leigh Stewart <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78738-6781	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia Rodriguez, Carlos <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257-1507	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Marco <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-4923	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelabert, Cassandra Y. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-3458	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gest, Albert L <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/65 Rpt: 29/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gest, Albert L <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78405	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gicheru, Eugene <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035-3619	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzaba, William Thomas <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2928	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Antonio <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79410-1409	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Jessica Renee <hr/> Contributor address; City; State; Zip Code El Paso, TX 79932-1222	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Michael G <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-7058	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Michael G <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-7058	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorchynski, Julie Ann <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-2543	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenblatt, Adam <hr/> Contributor address; City; State; Zip Code Spring, TX 77389-2853	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3357	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/65 Rpt: 31/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063-3357	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3357	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3357	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3357	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3357	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/65 Rpt: 32/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilmi, John O <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308-1323	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Douglas Rolland <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Justin W <hr/> Contributor address; City; State; Zip Code Shallowater, TX 79363-3160	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunte, Michael S <hr/> Contributor address; City; State; Zip Code Parker, TX 75002-5537	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Husby, Luke F <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-7167	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/65 Rpt: 33/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Elizabeth L <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-9127	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey, Doug <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Joffre <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-5639	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott <hr/> Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott <hr/> Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott 6 Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	7 Amount of Contribution (\$) \$8.37
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin R Bower MD PA Contributor address; City; State; Zip Code Irving, TX 75016-5088	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Hyemin <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Jessica Jewart <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-9550	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klingenberg, Chris L <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klingenberg, Chris L <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Heidi C <hr/> Contributor address; City; State; Zip Code Forney, TX 75126-5825	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Heidi C	7 Amount of Contribution (\$) \$8.33
6 Contributor address; City; State; Zip Code Forney, TX 75126-5825		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Heidi C	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Forney, TX 75126-5825		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Heidi C	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Forney, TX 75126-5825		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Heidi C	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Forney, TX 75126-5825		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konjoyan, Thomas R	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Nederland, TX 77627-4870		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konjoyan, Thomas R	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Nederland, TX 77627-4870	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeson, Kimberly	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2718	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeson, Kimberly	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2718	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lezeb, Hamelmal	Amount of Contribution (\$) \$91.67
	Contributor address; City; State; Zip Code McAllen, TX 78504-3974	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Northlake, TX 76247-1530	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K <hr/> 6 Contributor address; City; State; Zip Code Northlake, TX 76247-1530	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K <hr/> Contributor address; City; State; Zip Code Northlake, TX 76247-1530	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K <hr/> Contributor address; City; State; Zip Code Northlake, TX 76247-1530	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K <hr/> Contributor address; City; State; Zip Code Northlake, TX 76247-1530	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K <hr/> Contributor address; City; State; Zip Code Northlake, TX 76247-1530	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, David T	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78261-2765		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutz, Robert Frank	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Keller, TX 76248-3025		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magoon, Michael R	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78209-2253		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magoon, Michael R	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78209-2253		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcantel, Derek L	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Friendswood, TX 77546-6145		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcantel, Derek L <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546-6145	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcucci, John F <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208-4104	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markides, Danna Michelle <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2649	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Kristen Lynne <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226-6873	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3559	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/65 Rpt: 42/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Adrian <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701-4273	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Oscar <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-6957	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Oscar <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-6957	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Oscar <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-6957	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Oscar <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-6957	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/65 Rpt: 43/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayor, Joey <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/65 Rpt: 44/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75601-3567	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian <hr/> Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Donna <hr/> Contributor address; City; State; Zip Code Galveston, TX 77025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metz, Rachel L <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6293	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metz, Rachel L <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6293	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/65 Rpt: 45/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middlebrook, John D <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77316-4126	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammed, Abdul Rub Hakim <hr/> Contributor address; City; State; Zip Code McAllen, TX 78539	Amount of Contribution (\$) \$66.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nellikappallil, Jose <hr/> Contributor address; City; State; Zip Code Saginaw, TX 76131	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niziol, Charles <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339-2231	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obiejesi, Ogechukwu Kenechukwu <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/65 Rpt: 46/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantoja, Luis <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78539	7 Amount of Contribution (\$) \$91.67
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Raviraj J <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-6510	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patlovany, Matthew L <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255-2344	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattison, Monta <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearce, Megan E <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-3006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/65 Rpt: 47/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearce, Megan E <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205-3006	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phariss, Chase <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2617	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phariss, Chase <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2617	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philipson, Tyrone H R <hr/> Contributor address; City; State; Zip Code Prosper, TX 75078-7038	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piard, Hermann Pierre <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/65 Rpt: 48/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnow, Jeffery M <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79765-8006	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnow, Jeffery M <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765-8006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, George-Thomas M <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-1715	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, George-Thomas M <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-1715	Amount of Contribution (\$) \$4.13
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, George-Thomas M <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-1715	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/65 Rpt: 49/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-2315	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-2315	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-2315	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-2315	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-2315	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/65 Rpt: 50/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-2315	7 Amount of Contribution (\$) \$8.37
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Mike <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78202-2059	Amount of Contribution (\$) \$91.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roa, Ever <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$91.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Allen L <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-4517	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robson, Joseph P <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-2139	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/65 Rpt: 51/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Jada L <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356-4738	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Emory <hr/> Contributor address; City; State; Zip Code Keller, TX 76262-9056	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Emory <hr/> Contributor address; City; State; Zip Code Keller, TX 76262-9056	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roppolo, Lynn Palacol <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Jackie Lee <hr/> Contributor address; City; State; Zip Code Greenville, TX 75402-2824	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/65 Rpt: 52/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Jackie Lee <hr/> 6 Contributor address; City; State; Zip Code Greenville, TX 75402-2824	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Jeri K <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79159-1320	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Brett Alan <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-8271	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R <hr/> Contributor address; City; State; Zip Code El Paso, TX 79934-2300	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R <hr/> Contributor address; City; State; Zip Code El Paso, TX 79934-2300	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/65 Rpt: 53/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79934-2300	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R <hr/> Contributor address; City; State; Zip Code El Paso, TX 79934-2300	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R <hr/> Contributor address; City; State; Zip Code El Paso, TX 79934-2300	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R <hr/> Contributor address; City; State; Zip Code El Paso, TX 79934-2300	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumph, Gregory E <hr/> Contributor address; City; State; Zip Code Taylor Lake Village, TX 77586-4528	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/65 Rpt: 54/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumph, Gregory E <hr/> 6 Contributor address; City; State; Zip Code Taylor Lake Village, TX 77586-4528	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3130	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3130	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3130	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3130	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/65 Rpt: 55/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-3130	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3130	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlesselman, Leroy R <hr/> Contributor address; City; State; Zip Code Houston, TX 77043-4718	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwirtlich, Lonnie R <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418-7505	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Sarah Ibanez <hr/> Contributor address; City; State; Zip Code Austin, TX 78723-2629	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/65 Rpt: 56/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206-0500	7 Amount of Contribution (\$) \$8.37
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-0500	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-0500	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-0500	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-0500	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/65 Rpt: 57/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206-0500	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheets, H. Kyle <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79401-4732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Matthew J <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-2353	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipkey, Gregory M <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022-6540	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soler, Gabriella <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-4482	Amount of Contribution (\$) \$50.00
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: 55/65 Rpt: 58/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosa, Sameta	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Uvalde, TX 78801-3501		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparkman, Mark Kevin	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code New Braunfels, TX 78130-8903		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spohn, Micheal	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code College Station, TX 77845-7107		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Denison, TX 75020-0775		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Denison, TX 75020-0775		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/65 Rpt: 59/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B <hr/> 6 Contributor address; City; State; Zip Code Denison, TX 75020-0775	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B <hr/> Contributor address; City; State; Zip Code Denison, TX 75020-0775	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B <hr/> Contributor address; City; State; Zip Code Denison, TX 75020-0775	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B <hr/> Contributor address; City; State; Zip Code Denison, TX 75020-0775	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Stephen P <hr/> Contributor address; City; State; Zip Code Pagosa Springs, CO 81147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/65 Rpt: 60/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroh, John James <hr/> 6 Contributor address; City; State; Zip Code Manvel, TX 77578-4885	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucka, Kristy Renee <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-7653	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucka, Kristy Renee <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-7653	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Switzer, Ted Wesley <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-1147	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarpley, Malia <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626-1581	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/65 Rpt: 61/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarpley, Malia <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78626-1581	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-7808	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-7808	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-7808	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/65 Rpt: 62/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob	7 Amount of Contribution (\$) \$1.67
6 Contributor address; City; State; Zip Code Houston, TX 77024-7808		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob	Amount of Contribution (\$) \$1.67
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Ricky A	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78401-1215		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeffrey B	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Beaumont, TX 77726-2779		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeffrey B	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Beaumont, TX 77726-2779		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/65 Rpt: 63/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinoco, Amalia <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2824	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomanec, Alainya Vollmering <hr/> Contributor address; City; State; Zip Code Robstown, TX 78380-6181	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres Galarza, Francisco <hr/> Contributor address; City; State; Zip Code Mission, TX 78573-8537	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, MacLong T <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082-5604	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, MacLong T <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082-5604	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/65 Rpt: 64/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trujillo, Mauricio Javier <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230-2946	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tull, Jonathan <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-1255	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tull, Jonathan <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-1255	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tull, Jonathan <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-1255	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tull, Jonathan <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-1255	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/65 Rpt: 65/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tull, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004-1255	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tull, Jonathan <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-1255	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vankawala, Hemant H <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5505	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voice, SteVon Anthony <hr/> Contributor address; City; State; Zip Code Terrell, TX 75161	Amount of Contribution (\$) \$91.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Way, Sarah S <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-4247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/65 Rpt: 66/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wentling, Jessica <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023-4829	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williford, Lisa <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-6157	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Lawrence A <hr/> Contributor address; City; State; Zip Code Midland, TX 79707-1451	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wu, Stanley Longjyi <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-1352	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xiong, Tanya <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-5933	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/65 Rpt: 67/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xiong, Tanya 6 Contributor address; City; State; Zip Code Houston, TX 77004-5933	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xu, Ke Tom Contributor address; City; State; Zip Code Lubbock, TX 79424-5508	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ybarra, Richard Joe Contributor address; City; State; Zip Code Harlingen, TX 78550-8276	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zapata, Jorge Contributor address; City; State; Zip Code McAllen, TX 78539	Amount of Contribution (\$) \$91.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zheng, Danny Contributor address; City; State; Zip Code Arlington, TX 76016-1481	Amount of Contribution (\$) \$5.00
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: 65/65 Rpt: 68/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ziebell, Christopher	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Austin, TX 78731-2154		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Frisco, TX 75034-8353		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Frisco, TX 75034-8353		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 69/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/18/2023	5 Corporation / Labor Organization name Texas College of Emergency Physicians	6 Amount (\$) 940.00
Date 07/07/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 51.40
Date 08/07/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 105.79
Date 09/08/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 77.89
Date 10/13/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 55.51
Date 11/10/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 51.31
Date 12/08/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 28.51

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: 70/73
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/31/2023	5 Corporation / Labor Organization name Texas College of Emergency Physicians	6 Amount (\$) 118.13
Date 08/31/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 09/30/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 10/31/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 11/30/2023	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 12/31/2023	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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 71/73	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/07/2023	5 Payee name American College of Emergency Physicians	
6 Amount (\$) \$180.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 619911 Dallas, TX 75261	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative support for solicitations.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2023	Payee name Holland, Douglas Rolland	
Amount (\$) \$8.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1660 Forgan Way El Paso, TX 79911	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of contribution received.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2023	Payee name Obiejesi, Ogechukwu Kenechukwu	
Amount (\$) \$8.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4711 Cowan Avenue Dallas, TX 75204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of contribution received.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 72/73	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/03/2023	5 Payee name Payscape	
6 Amount (\$) \$12.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1438 West Peachtree Street Atlanta, GA 30309	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2023	Candidate/Officeholder name Office sought Office held	
Date 08/01/2023	Payee name Payscape	
Amount (\$) \$12.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1438 West Peachtree Street Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/01/2023	Candidate/Officeholder name Office sought Office held	
Date 09/01/2023	Payee name Payscape	
Amount (\$) \$12.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1438 West Peachtree Street Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 73/73	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
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4 Date 10/02/2023	5 Payee name Payscape
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6 Amount (\$) \$12.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1438 West Peachtree Street Atlanta, GA 30309
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2023	Payee name Payscape
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Amount (\$) \$13.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1438 West Peachtree Street Atlanta, GA 30309
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/01/2023	Payee name Payscape
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Amount (\$) \$13.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1438 West Peachtree Street Atlanta, GA 30309
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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