## GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

т٢	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission 00016755	n Filers)	2	Total pages filed 73	:
3	COMMITTEE NAME					Г	OFFICE US	
	Texas College Of B	Emergency Physicians PAC				El	te Received	
		1				01	L/16/2024	
4	COMMITTEE ADDRESS		ITY;	STATE;	ZIP CODE			
	ADDITESS	401 West 15th Street, Suite 695				Da	te Hand-delivered or Da	ate Postmarked
	Change of Address							
		Austin, TX 78701				Re	ceipt #	Amount
						Da	te Processed	
						Da	te Imaged	
5	CAMPAIGN	MS / MRS / MR FIRST				MI		
	TREASURER NAME	Mr. Richard						
		NICKNAME LAST				SU	FFIX	
		Robinson						
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / S	SUITE #; CITY;		STATE	E; ZIP CODE
	TREASURER STREET ADDRESS	401 W. 15th Street, Suite 695						
	(Residence or Business)	Austin, TX 78701						
7	CAMPAIGN	STREET OR PO BOX;		APT	SUITE #; CITY	(;	STA	TE; ZIP CODE
	TREASURER MAILING ADDRESS	401 W. 15th Street, Suite 695						
	Change of Address	Austin, TX 78701						
8	CAMPAIGN TREASURER		ΕX	TENSION				
	PHONE	(512) 306-0605						
9	REPORT TYPE	X January 15 30	30th	day before election	Г	]	Dissolution (Attach F	PAC-DR)
			3th d	ay before election	Г	- - :	10th day after camp	aion treasurer
		July 15	Runo	-	L		termination	0
10	PERIOD	Month Day Year			Month Day		Year	
	COVERED	-	THR	OUGH	12/31/202	23		
11	ELECTION	ELECTION DATE			ELECTION TYPE			
		Month Day Year	Prin	ary	Runoff	Ľ	Other	
			Gen	eral	Special			
L				•				
				PAGE 2				
Fo	rms provided by Tex	kas Ethics Commission www.e	ethio	s.state.tx.us			Versio	n V3.5.1.0bfcfb67

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas College Of Emer	gency Physicians PAC		0001675	5
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	14 502 04
L	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	Ť	14,582.84
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	275.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	139,236.47
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pen true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Richard	d Robinson	
		Signature of Car	npaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subsaribad	hoforo mo by the said	**	vic the	day
		, th which, witness my hand and seal of office.		day
	_, , , .			
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.0bfcfb67

#### SUBTOTALS - GPAC

#### FORM GPAC COVER SHEET PG 3 3 of 73

				0 01 1 0
17 COMMITTE		18 Filer ID	(Ethics	Commission Filers)
Texas Coll	ege Of Emergency Physicians PAC	00016755		
19 SCHEDULE NAME OF S			s	UBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,563.65
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	1,310.41
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	708.78
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	275.70
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/65 Rpt: 4/73	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	)
	ge Of Emergency Physicians PAC		00016755	'
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/07/2023	Abrams, Sal J		\$25	5.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78248-2409			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Physician			<i>'</i> /	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/13/2023	Abrams, Sal J		\$25	5.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78248-2409			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/10/2023	Adesina, Adedoyin		\$12	2.50
	Contributor address; City; State; Zip Code			
	Manvel, TX 77578-1641			
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	l s)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Adesina, Adedoyin		\$12	2.50
	Contributor address; City; State; Zip Code			
	Manvel, TX 77578-1641			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	l 3)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/08/2023	Amro, Moath		\$8	3.33
	Contributor address; City; State; Zip Code			
Drivel	Houston, TX 77008-1736	Employee (Contracting	<u></u>	
Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
FIIYSICIAII				

SCHEDULE	A1
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1	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/65 Rpt: 5/73	
<b>2</b> F	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Colleç	ge Of Emergency Physicians PAC			00016755	
4 [	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
(	09/08/2023	Amro, Moath				\$8.33
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77008-1736				
<b>8</b> F	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
F	Physician					
[	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
1	11/10/2023	Amro, Moath				\$8.33
		Contributor address; City; State; Zip Code				
		Houston, TX 77008-1736				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
F	Physician					
[	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
(	07/07/2023	Amro, Moath				\$8.37
		Contributor address; City; State; Zip Code				
		Houston, TX 77008-1736				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
1	10/13/2023	Amro, Moath				\$8.33
		Contributor address; City; State; Zip Code				
		Houston TX 77009 1726				
	Dringinglagou	Houston, TX 77008-1736	Frankryer (Cas hastryetions			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#0.00</b>
	08/07/2023	Amro, Moath				\$8.33
		Contributor address; City; State; Zip Code				
		Houston, TX 77008-1736				
<b> </b>	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> •)		
	Physician			"		
<u> </u>						

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 3/65 Rpt: 6/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Colleg	e Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Andino, Aldo Louis		\$8.3
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75390-7214		
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/08/2023	Andino, Aldo Louis		\$8.3
	Contributor address; City; State; Zip Code		
Dringing agou	Dallas, TX 75390-7214		
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions)	1
-			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/10/2023	Andino, Aldo Louis		\$8.3
	Contributor address; City; State; Zip Code		
	Dallas, TX 75390-7214		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/07/2023	Andino, Aldo Louis		\$8.3
	Contributor address; City; State; Zip Code		
	Dallas, TX 75390-7214		
	Dallas, TX 75390-7214 pation / Job title (See Instructions)	Employer (See Instructions)	1
Principal occup Physician		Employer (See Instructions)	
		Employer (See Instructions)	) Amount of Contribution (\$)
Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
Physician Date	Full name of contributor out-of-state PAC (ID#:)	Employer (See Instructions)	Amount of Contribution (\$)
Physician Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Andino, Aldo Louis	Employer (See Instructions)	Amount of Contribution (\$)
Physician Date	Full name of contributor out-of-state PAC (ID#: Andino, Aldo Louis Contributor address; City; State; Zip Code	Employer (See Instructions)	Amount of Contribution (\$)
Physician Date 10/13/2023	Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Andino, Aldo Louis Contributor address; City; State; Zip Code Dallas, TX 75390-7214	)	Amount of Contribution (\$) \$8.3
Physician Date 10/13/2023	Full name of contributor out-of-state PAC (ID#: Andino, Aldo Louis Contributor address; City; State; Zip Code	Employer (See Instructions)	Amount of Contribution (\$) \$8.3

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 4/65 Rpt: 7/73	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	ge Of Emergency Physicians PAC		I	00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
08/07/2023	Andino, Aldo Louis				\$8.33
	6 Contributor address; City; State; Zip Code		1		
	Dallas, TX 75390-7214				
	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
Physician					
Date	Full name of contributor Dut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
07/07/2023	Auerbach, Andrew J				\$100.00
	Contributor address; City; State; Zip Code		1		
	San Antonio, TX 78256-4300				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Ľ	Amount of Contribution (\$)	
11/10/2023	Aufricht, William R				\$100.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78723-2003		Ĺ		
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician		<u> </u>			
Date	Full name of contributor 🛛 out-of-state PAC (ID#:_	)	·	Amount of Contribution (\$)	
12/08/2023	Averick, Rauvan M				\$8.33
	Contributor address; City; State; Zip Code				
	Houston, TX 77071-2015				
Dringinglassy					
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		<u> </u>			
Date	Full name of contributor out-of-state PAC (ID#:	)	·	Amount of Contribution (\$)	÷0.00
09/08/2023	Averick, Rauvan M				\$8.33
	Contributor address; City; State; Zip Code				
	Houston TV 77071-2015				
Dringingloggy	Houston, TX 77071-2015		->		
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
FllySiciali					

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 5/65 Rpt: 8/73	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
Texas Colleg	e Of Emergency Physicians PAC		00016755	
1 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/10/2023	Averick, Rauvan M			\$8.33
-	6 Contributor address; City; State; Zip Code			
	Houston, TX 77071-2015			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/07/2023	Averick, Rauvan M			\$8.33
1	Contributor address; City; State; Zip Code			
	Houston, TX 77071-2015			
	pation / Job title (See Instructions)	Employer (See Instructions)		
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/13/2023	Averick, Rauvan M			\$8.33
	Contributor address; City; State; Zip Code			
	Houston, TX 77071-2015			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	1	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
08/07/2023	Averick, Rauvan M	)		\$8.33
00,0172020	Contributor address; City; State; Zip Code			<i><b>Q</b></i> <b>0</b>
	Contributor address, Ory, State, Zip Code			
	Houston, TX 77071-2015			
Principal occur	Houston, TX 77071-2015 pation / Job title (See Instructions)	Employer (See Instructions)	)	
Principal occur Physician		Employer (See Instructions)	)	
	pation / Job title (See Instructions)	Employer (See Instructions)	) Amount of Contribution (\$)	
Physician	pation / Job title (See Instructions)	Employer (See Instructions)		\$100.00
Physician Date	Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions)		\$100.00
Physician Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Bailey, Dolores	Employer (See Instructions)		\$100.00
Physician Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Bailey, Dolores	Employer (See Instructions)		\$100.00
Physician Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Bailey, Dolores	Employer (See Instructions)		\$100.00
Physician Date 11/10/2023	Full name of contributor out-of-state PAC (ID#: Bailey, Dolores Contributor address; City; State; Zip Code	Employer (See Instructions)	Amount of Contribution (\$)	\$100.00

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/65 Rpt: 9/73	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	ge Of Emergency Physicians PAC			00016755	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
08/07/2023	Baine, Ralph F				\$100.00
	6 Contributor address; City; State; Zip Code		1		
Dringingloggy	Fort Worth, TX 76135-1013	C Employer (See Instructions	<u> </u>		
8 Principal occu Physician	ipation / Job title (See Instructions)	9 Employer (See Instructions	3) 		
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
09/08/2023	Ball, James W				\$100.00
	Contributor address; City; State; Zip Code		1		
	Plano, TX 75093-8075				
	pation / Job title (See Instructions)	Employer (See Instructions	3)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
11/10/2023	Bassett, Aaron				\$8.33
	Contributor address; City; State; Zip Code		]		
	Amarillo, TX 79124-4949				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
11/10/2023	Bassett, Aaron				\$8.33
	Contributor address; City; State; Zip Code		1		
	Amarillo, TX 79124-4949				
	pation / Job title (See Instructions)	Employer (See Instructions	3)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)	Ē	Amount of Contribution (\$)	
11/10/2023	Bassett, Aaron				\$8.33
	Contributor address; City; State; Zip Code		1		
	Amarillo, TX 79124-4949				
-	pation / Job title (See Instructions)	Employer (See Instructions	3)		
Physician					

The Instr	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/65 Rpt: 10/73
2 FILER NAM	F		<b>3</b> Filer ID (Ethics Commission Filers)
	ege Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/10/2023			\$8.3
	6 Contributor address; City; State; Zip Code		
	Amarillo, TX 79124-4949		
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions	;)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/10/2023			\$8.3
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79124-4949		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/08/2023			\$200.0
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78261-1817		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Bednar, Marian		\$8.3
	Contributor address; City; State; Zip Code		
	Coppell, TX 75019-4188		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/08/2023	Bednar, Marian		\$8.3
	Contributor address; City; State; Zip Code		
	Coppell, TX 75019-4188		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/65 Rpt: 11/73	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	ge Of Emergency Physicians PAC		00016755	/
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/10/2023	Bednar, Marian			\$8.33
	6 Contributor address; City; State; Zip Code			
	Coppell, TX 75019-4188			
-	pation / Job title (See Instructions)	9 Employer (See Instructions	6)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/07/2023	Bednar, Marian			\$8.37
	Contributor address; City; State; Zip Code			
	Coppell, TX 75019-4188			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/13/2023	Bednar, Marian			\$8.33
	Contributor address; City; State; Zip Code			
	Coppell, TX 75019-4188			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician				
Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/07/2023	Bednar, Marian			\$8.33
	Contributor address; City; State; Zip Code			
	Coppell, TX 75019-4188			
-	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/08/2023	Beezley, Jon Thomas		5	\$100.00
	Contributor address; City; State; Zip Code			
	Grapevine, TX 76051-6460			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician				

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 9/65 Rpt: 12/73	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
Texas Colleg	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/07/2023	Behan, Francis C			\$8.37
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76132-1131			
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>*</b> 40 F0
07/07/2023				\$12.50
	Contributor address; City; State; Zip Code			
	Katy, TX 77450-8508			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/13/2023	Bell, Atiba E			\$12.50
	Contributor address; City; State; Zip Code			
	Vot. TV 77/60 0600			
Bringinal occur	Katy, TX 77450-8508 pation / Job title (See Instructions)	Employer (See Instructions		
Physician			)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
08/07/2023	Benzing, Adam C	/	Amount of contribution (+)	\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78232-4613			
	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
12/08/2023	Berumen PLLC			\$100.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79932-4104			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
1				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 10/65 Rpt: 13/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Colle	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/13/2023	Bhakta, Vishal		\$100.00
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109-1616		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023			\$8.33
	Contributor address; City; State; Zip Code		
	Mansfield, TX 76063-3461		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Physician			)
Date	Full name of contributor Out-of-state PAC (ID#:	\	Amount of Contribution (\$)
09/08/2023	Full name of contributor out-of-state PAC (ID#: Blankenship, Alan Lane	)	Amount of Contribution (\$) \$8.33
03/00/2020	Contributor address; City; State; Zip Code		\$0.0C
	Contributor audress, City, State, Zip Code		
	Mansfield, TX 76063-3461		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/10/2023	Blankenship, Alan Lane		\$8.33
	Contributor address; City; State; Zip Code		
	Mansfield, TX 76063-3461		-
-	upation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/07/2023	Blankenship, Alan Lane		\$8.37
	Contributor address; City; State; Zip Code		
	Mansfield, TX 76063-3461		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>
Physician			)

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

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/65 Rpt: 15/73	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	ge Of Emergency Physicians PAC		00016755	3)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
07/07/2023	Brown, Jonathan Thomas		\$10	00.00
	6 Contributor address; City; State; Zip Code			
	Lindale, TX 75771-0639			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions		
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/10/2023	Bublewicz, Michael		\$2	25.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77056-1420			
-	pation / Job title (See Instructions)	Employer (See Instructions		
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Bublewicz, Michael		\$2	25.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77056-1420			
-	upation / Job title (See Instructions)	Employer (See Instructions		
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/08/2023	Carter, Stephen A		9	\$0.83
	Contributor address; City; State; Zip Code			
	Cibolo, TX 78108-3343			
Bringinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician				
-				
Date 09/08/2023	Full name of contributor out-of-state PAC (ID#: Carter, Stephen A	)	Amount of Contribution (\$)	\$0.83
09/06/2023	· · · · · · · · · · · · · · · · · · ·		4	\$U.03
	Contributor address; City; State; Zip Code			
	Cibolo, TX 78108-3343			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	) )	
Physician	,			
-				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 13/65 Rpt: 16/73	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	:)
	ge Of Emergency Physicians PAC		00016755	"
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/10/2023	Carter, Stephen A		\$0	0.83
	6 Contributor address; City; State; Zip Code			
	Cibolo, TX 78108-3343			
	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/07/2023	Carter, Stephen A		\$0	0.83
	Contributor address; City; State; Zip Code			
	Cibolo, TX 78108-3343			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/13/2023	Carter, Stephen A		\$0	0.83
	Contributor address; City; State; Zip Code			
	Cibolo, TX 78108-3343			
Dringinal occu	1	Employer (Soo Instructions	N	
Physician	pation / Job title (See Instructions)	Employer (See Instructions	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<u>^ 02</u>
08/07/2023	Carter, Stephen A		Φ	0.83
	Contributor address; City; State; Zip Code			
	Cibolo, TX 78108-3343			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician	pallon / 200 and (200	p.090. (200	)	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/07/2023	Cazares, Guillermo Nicolas		\$100 \$100 \$100 \$100 \$100	0 00
01/01/2022	Contributor address; City; State; Zip Code			0.00
	Continuator address, City, State, Zip Code			
	Lubbock, TX 79423-6178			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
				ĺ

The Instr	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/65 Rpt: 17/73	
2 FILER NAM	F		3 Filer ID (Ethics Commission File	rs)
	ege Of Emergency Physicians PAC		00016755	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/07/2023			\$1	00.00
	6 Contributor address; City; State; Zip Code			
	Ennis, TX 75119-7526			
	cupation / Job title (See Instructions)	9 Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/10/2023			\$	25.00
	Contributor address; City; State; Zip Code			
	Decatur, TX 76234-1085			
	cupation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023			\$	25.00
	Contributor address; City; State; Zip Code			
	Decatur, TX 76234-1085			
Dringinal og	cupation / Job title (See Instructions)	Employer (See Instructions	) )	
Physician			)	
Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	25.00
11/10/2023			Φ	25.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76126-5194			
Principal oc	L cupation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023				25.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76126-5194			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
		I		

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 15/65 Rpt: 18/73	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	ge Of Emergency Physicians PAC		00016755	0.07
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/07/2023	Chiang, Christina C M		\$	100.00
	6 Contributor address; City; State; Zip Code			
	Sugar Land, TX 77479-2798			
	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Physician		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Chou, Shih-Chin		\$	100.00
	Contributor address; City; State; Zip Code			
Dringinglassy	Houston, TX 77044-5533	Frankriger (Coo Instructions		
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician		L		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	±= 00
12/08/2023	Clark, Gary R			\$8.33
	Contributor address; City; State; Zip Code			
	Granbury, TX 76049-4463			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()	
Physician			)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
09/08/2023	Full name of contributor out-of-state PAC (ID#: Clark, Gary R	)		\$8.33
00/00/2020	Contributor address; City; State; Zip Code			φ0.00
	Contributor address, City, State, Zip Code			
	Granbury, TX 76049-4463			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/10/2023	Clark, Gary R			\$8.33
	Contributor address; City; State; Zip Code			
	Granbury, TX 76049-4463			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				

The Instruction Guide explains how to com	1 Total pages Schedule A1:
	plete this form. Sch: 16/65 Rpt: 19/73
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas College Of Emergency Physicians PAC	00016755
4 Date 5 Full name of contributor out-of-	state PAC (ID#:) 7 Amount of Contribution (\$)
07/07/2023 Clark, Gary R	\$8.33
6 Contributor address; City; State; Zip C	de
Granbury, TX 76049-4463	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Physician	
Date Full name of contributor out-of-	state PAC (ID#:) Amount of Contribution (\$)
10/13/2023 Clark, Gary R	\$8.33
Contributor address; City; State; Zip C	
Granbury, TX 76049-4463	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	
Date Full name of contributor out-of-	state PAC (ID#:) Amount of Contribution (\$)
08/07/2023 Clark, Gary R	\$8.37
Contributor address; City; State; Zip C	
Granbury, TX 76049-4463	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	
	state PAC (ID#:) Amount of Contribution (\$)
08/07/2023 Cornelius, Angela Pettit	\$100.00
Contributor address; City; State; Zip C	
Durlagen TV 70020 2001	
Burleson, TX 76028-3661	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Principal occupation / Job title (See Instructions) Physician	
Principal occupation / Job title (See Instructions) Physician Date Full name of contributor out-of-	state PAC (ID#:) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Physician Date Full name of contributor out-of- 12/08/2023 Cox, Stephen Brooke	
Principal occupation / Job title (See Instructions) Physician Date Full name of contributor out-of- 12/08/2023 Cox, Stephen Brooke	state PAC (ID#:) Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Physician Date Full name of contributor out-of- 12/08/2023 Cox, Stephen Brooke	state PAC (ID#:) Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions)         Physician         Date       Full name of contributor         12/08/2023       Cox, Stephen Brooke         Contributor address; City; State; Zip C	state PAC (ID#:) Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Physician Date Full name of contributor out-of- 12/08/2023 Cox, Stephen Brooke Contributor address; City; State; Zip C Austin, TX 78737-4689	state PAC (ID#:) Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions)         Physician         Date       Full name of contributor         12/08/2023       Cox, Stephen Brooke         Contributor address; City; State; Zip C	state PAC (ID#:) Amount of Contribution (\$) \$2.08

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/65 Rpt: 20/73	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
09/08/2023				\$2.08
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78737-4689	<u> </u>		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Physician		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	50.00
11/10/2023				\$2.12
	Contributor address; City; State; Zip Code			
	Austin, TX 78737-4689			
Drincinal occi	upation / Job title (See Instructions)	Employer (See Instructions)	١	
Physician			)	
-		<u> </u>	Amount of Contribution (\$)	
Date 07/07/2023	Full name of contributor out-of-state PAC (ID#: Cox, Stephen Brooke	)	Amount of Contribution (\$)	\$2.08
0110112023				Ψ2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78737-4689			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician	1			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/13/2023	Cox, Stephen Brooke			\$2.08
	Contributor address; City; State; Zip Code			
	Austin, TX 78737-4689			
-	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/07/2023	Cox, Stephen Brooke			\$2.08
	Contributor address; City; State; Zip Code			
	A			
Driv sized easy	Austin, TX 78737-4689			
Principal occi Physician	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
1				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 18/65 Rpt: 21/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Dasa, Sridevi Laxmi		\$25.00
	6 Contributor address; City; State; Zip Code		
Dringinglocg	Plano, TX 75093-7534	2 Employer (See Instructions	
Physician	ipation / Job title (See Instructions)	9 Employer (See Instructions	) 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	DeWaal, Craig T		\$8.33
	Contributor address; City; State; Zip Code		
	Austin, TX 78735-6244		
	ipation / Job title (See Instructions)	Employer (See Instructions	
Physician			·
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/08/2023	DeWaal, Craig T		\$8.33
	Contributor address; City; State; Zip Code		
	Austin, TX 78735-6244		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
Physician		, . <b>,</b>	,
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/10/2023	DeWaal, Craig T	,	\$8.33
	Contributor address; City; State; Zip Code		
	Austin, TX 78735-6244		
	ipation / Job title (See Instructions)	Employer (See Instructions	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/07/2023	DeWaal, Craig T		\$8.37
	Contributor address; City; State; Zip Code		
	Austin, TX 78735		-
	ipation / Job title (See Instructions)	Employer (See Instructions	
Physician			

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 19/65 Rpt: 22/73	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
		ge Of Emergency Physicians PAC		00016755	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
	10/13/2023	DeWaal, Craig T		\$8	.33
		6 Contributor address; City; State; Zip Code		1	
		Austin, TX 78735-6244			
8		pation / Job title (See Instructions)	9 Employer (See Instructions)	s)	
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	08/07/2023	DeWaal, Craig T		\$8	.33
		Contributor address; City; State; Zip Code		1	
		Austin, TX 78735			
		pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	10/13/2023	Doerle, Samuel M		\$100	.00
		Contributor address; City; State; Zip Code			
		Harker Heights, TX 76548-6030			
		pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	09/08/2023	Eaves, Robby McClendon		\$100	.00
		Contributor address; City; State; Zip Code			
		Court also TV 77650 0751			
	Drinsipal apou	Sour Lake, TX 77659-8751	Errolever (Cool Instructions)	->	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	S)	
				· · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	~~
	11/10/2023	Ejesieme, Nnenna Cynthia		\$25	.00
		Contributor address; City; State; Zip Code			
		Dallas, TX 75209-5224			
	Dringing oog		Employer (See Instructions)	->	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	S)	
	Physician				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/65 Rpt: 23/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/07/2023	Ejesieme, Nnenna Cynthia		\$25.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75209-5224		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	l ;)
Physician	,		, 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/08/2023	Estevez, Rosa M		\$50.00
	Contributor address; City; State; Zip Code		
	Bellaire, TX 77401-5335		
-	upation / Job title (See Instructions)	Employer (See Instructions	8)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/08/2023	Fairless, Justin W		\$8.33
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/07/2023	Fairless, Justin W		\$8.37
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	l ;)
Physician	····· · · · · · · · · · · · · · · · ·		,
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/13/2023	Fairless, Justin W		\$8.33
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
Physician			

1	Γhe Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 21/65 Rpt: 24/73	
2 F	FILER NAME			3 Filer ID (Ethics Commission	Filers)
		ge Of Emergency Physicians PAC		00016755	
<b>4</b> C	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
C	08/07/2023	Fairless, Justin W			\$8.33
		6 Contributor address; City; State; Zip Code			
		Colleyville, TX 76034			
		pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
F	Physician				
C	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
1	11/10/2023	Fasullo, Frank Joseph			\$100.00
		Contributor address; City; State; Zip Code			
		El Lago, TX 77586-6044			
		pation / Job title (See Instructions)	Employer (See Instructions	3)	
F	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
C	09/08/2023	Fawcett, Michael			\$100.00
		Contributor address; City; State; Zip Code			
	<u> </u>	Dallas, TX 75225-6749			
	-	pation / Job title (See Instructions)	Employer (See Instructions	3)	
-	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
1	10/13/2023	Feng, Sing-Yi			\$100.00
		Contributor address; City; State; Zip Code			
		Dallas, TX 75235-7701			
F	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
	Philipai occu Physician			)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$100.00
	08/07/2023	Ferguson, James E			\$T00.00
		Contributor address; City; State; Zip Code			
		Sugar Land, TX 77479-2917			
F	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	) )	
	Physician			<i>,</i>	
	<b></b>				

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

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 23/65 Rpt: 26/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Foster, Paul A		\$12.
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78704-4235		
	pation / Job title (See Instructions)	9 Employer (See Instructions	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/07/2023	Foster, Paul A		\$12.
	Contributor address; City; State; Zip Code		
	Austin, TX 78704-4235		
	pation / Job title (See Instructions)	Employer (See Instructions	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Frame, James Earl		\$100.
	Contributor address; City; State; Zip Code		
	Van Alstyne, TX 75495-4703		
	pation / Job title (See Instructions)	Employer (See Instructions	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Gagnon, Garry F		\$8.
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214-3119		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/08/2023	Gagnon, Garry F		\$8.
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214-3119		
	pation / Job title (See Instructions)	Employer (See Instructions	
Physician			

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/65 Rpt: 27/73	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers	s)
	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
11/10/2023			\$	8.33
	6 Contributor address; City; State; Zip Code			
Dringinglocci	Dallas, TX 75214-3119	Content (See Instructions		
Principal occu Physician	upation / Job title (See Instructions)	9 Employer (See Instructions	.)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/07/2023	Gagnon, Garry F		\$	8.33
	Contributor address; City; State; Zip Code			
	Dallas, TX 75214-3119			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/13/2023	Gagnon, Garry F		\$	8.33
	Contributor address; City; State; Zip Code			
Dringing ago	Dallas, TX 75214-3119			
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Gagnon, Garry F		\$	8.33
	Contributor address; City; State; Zip Code			
	Dallas, TX 75214-3119			
-	upation / Job title (See Instructions)	Employer (See Instructions	i)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/07/2023	Galatzan, Leigh Stewart		\$2	25.00
	Contributor address; City; State; Zip Code			
	Austin TV 70790 6701			
Dringing loogu	Austin, TX 78738-6781		、 、	
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician				
1				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 25/65 Rpt: 28/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/13/2023	Galatzan, Leigh Stewart		\$25.
	6 Contributor address; City; State; Zip Code		
	Austin TV 20200 0201		
Dringinglaggy	Austin, TX 78738-6781	Employer (Cap Instructions	
Physician	upation / Job title (See Instructions)	9 Employer (See Instructions	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/07/2023	Garcia Rodriguez, Carlos		\$50.
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78257-1507		
-	upation / Job title (See Instructions)	Employer (See Instructions	)
Physician			
Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/07/2023	Garza, Marco		\$100.
	Contributor address; City; State; Zip Code		
Dringinglass	Houston, TX 77055-4923	Environ (Or a hastmation	
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/13/2023	Gelabert, Cassandra Y.		\$100.
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78212-3458		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)
Physician			,
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/08/2023	Gest, Albert L	)	\$25.
00/00/2020	Contributor address; City; State; Zip Code		+
	Corpus Christi, TX 78405		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)
Physician			

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 27/65 Rpt: 30/73
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas College Of Emergency Physicians PAC	00016755
4 Date     5 Full name of contributor     out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/08/2023 Gonzalez, Michael G	\$50.00
6 Contributor address; City; State; Zip Code	
Houston, TX 77008-7058	
8 Principal occupation / Job title (See Instructions)     9 Employer (See Instructions)	IS)
Physician	
Date     Full name of contributor     Out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/13/2023 Gonzalez, Michael G	\$50.00
Contributor address; City; State; Zip Code	
Houston, TX 77008-7058	
Principal occupation / Job title (See Instructions) Employer (See Instructions	IS)
Physician	·
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/10/2023 Gorchynski, Julie Ann	\$100.00
Contributor address; City; State; Zip Code	
San Antonia TV 70220 2543	
San Antonio, TX 78230-2543	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician	15)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/13/2023 Greenblatt, Adam	\$50.00
Contributor address; City; State; Zip Code	
Spring, TX 77389-2853	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	 ()
Physician	
	Amount of Contribution (\$)
Date     Full name of contributor     out-of-state PAC (ID#:)       12/08/2023     Gupta, Sandeep K	\$8.33
Contributor address; City; State; Zip Code	
Irving, TX 75063-3357	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	 IS)
Physician	

The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 28/65 Rpt: 31/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
09/08/2023			\$8.33
	6 Contributor address; City; State; Zip Code		
	Irving, TX 75063-3357		
8 Princinal occi		9 Employer (See Instructions)	)
Physician			/
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/10/2023	Gupta, Sandeep K		\$8.33
	Contributor address; City; State; Zip Code		
	Irving, TX 75063-3357		L
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/07/2023	Gupta, Sandeep K		\$8.33
	Contributor address; City; State; Zip Code		
	Irving, TX 75063-3357		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	\ \
Physician			)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/13/2023	Gupta, Sandeep K		\$8.37
	Contributor address; City; State; Zip Code		
	Irving, TX 75063-3357		1
-	upation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/07/2023	Gupta, Sandeep K		\$8.33
	Contributor address; City; State; Zip Code		
	Irving, TX 75063-3357		
-	upation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/65 Rpt: 32/73		
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/07/2023	Hilmi, John O			\$100.00
	6 Contributor address; City; State; Zip Code			
	Wichita Falls, TX 76308-1323			
• Drincinal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
Physician			)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Holland, Douglas Rolland			\$8.33
	Contributor address; City; State; Zip Code			
	El Paso, TX 79911			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Holmes, Justin W			\$100.00
	Contributor address; City; State; Zip Code			
	Shallowater, TX 79363-3160			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/07/2023	Hunte, Michael S			\$100.00
	Contributor address; City; State; Zip Code			
	Parker, TX 75002-5537			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Physician			)	
-		<u> </u>	Amount of Contribution (¢)	
Date 08/07/2023	Full name of contributor out-of-state PAC (ID#: Husby, Luke F	)	Amount of Contribution (\$)	\$100.00
U0/U1/2U2J				\$100.00
	Contributor address; City; State; Zip Code			
	Longview, TX 75605-7167			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician			)	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 30/65 Rpt: 33/73
FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas College Of Emergency Physicians PAC	00016755
Date     5     Full name of contributor     Image: out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/08/2023 James, Elizabeth L	\$100.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78737-9127	
Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	 IS)
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/07/2023 Jeffrey, Doug	\$100.00
Contributor address; City; State; Zip Code	
Austin TV 79704 2005	
Austin, TX 78704-2005       Principal occupation / Job title (See Instructions)       Employer (See Instruction)	
Physician	(5)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/13/2023 Johnson, Joffre	\$100.00
Contributor address; City; State; Zip Code	
Austin, TX 78738-5639	
Principal occupation / Job title (See Instructions) Employer (See Instruction	15)
Physician	1
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/08/2023 Katan, Brian Scott	\$8.33
Contributor address; City; State; Zip Code	
Trophy Club, TX 76262-5421	
Principal occupation / Job title (See Instructions) Employer (See Instruction	is)
Physician	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/08/2023 Katan, Brian Scott	\$8.33
Contributor address; City; State; Zip Code	
Trophy Club, TX 76262-5421	
Principal occupation / Job title (See Instructions) Employer (See Instruction	1 ns)
Physician	, ,

The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 31/65 Rpt: 34/73
2 FILER NAME Texas Colle	ge Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
4 Date 11/10/2023			<ul><li>7 Amount of Contribution (\$)</li><li>\$8.</li></ul>
	6 Contributor address; City; State; Zip Code		
	Trophy Club, TX 76262-5421		
8 Principal occu Physician	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
Date 07/07/2023		)	Amount of Contribution (\$) \$8.
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:	) !	Amount of Contribution (\$)
10/13/2023	Katan, Brian Scott	ļ	\$8.
Principal occu	Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421 upation / Job title (See Instructions)	Employer (See Instructions)	s)
Physician		I	
Date 08/07/2023	Full name of contributor out-of-state PAC (ID#: Katan, Brian Scott Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$8.
	Trophy Club, TX 76262-5421	ļ	
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions)	)
Date 07/07/2023	Full name of contributor       out-of-state PAC (ID#:		Amount of Contribution (\$) \$100.
	Contributor address; City; State; Zip Code		
Principal occu	Irving, TX 75016-5088 upation / Job title (See Instructions)	Employer (See Instructions)	;)
Principal occu	Irving, TX 75016-5088 upation / Job title (See Instructions)	Employer (See Instructions	)

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 32/65 Rpt: 35/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Colle	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/07/2023	Kim, Hyemin		\$100.00
	6 Contributor address; City; State; Zip Code		
L	Irving, TX 75063		
	upation / Job title (See Instructions)	9 Employer (See Instructions	;) 
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/07/2023	Kirby, Jessica Jewart		\$100.00
	Contributor address; City; State; Zip Code		
	Southlake, TX 76092-9550		
•	upation / Job title (See Instructions)	Employer (See Instructions	·)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/10/2023	Klingenberg, Chris L		\$25.00
	Contributor address; City; State; Zip Code		
	Nacogdoches, TX 75965-2415		
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/07/2023	Klingenberg, Chris L		\$25.00
	Contributor address; City; State; Zip Code		
	Nacogdoches, TX 75965-2415		-
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Knowles, Heidi C		\$8.3
1	Contributor address; City; State; Zip Code		
1			
1			
	Forney, TX 75126-5825		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	L 3)
Physician			
	I		

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/65 Rpt: 36/73	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
09/08/2023	Knowles, Heidi C		\$8.33
	6 Contributor address; City; State; Zip Code		
	Forney, TX 75126-5825		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/08/2023	Knowles, Heidi C		\$8.33
	Forney, TX 75126-5825		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/10/2023	Knowles, Heidi C		\$8.33
	Contributor address; City; State; Zip Code		
Di indaan	Forney, TX 75126-5825		
•	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Physician			F
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/13/2023	Knowles, Heidi C		\$8.33
	Contributor address; City; State; Zip Code		
	Forney, TX 75126-5825		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Konjoyan, Thomas R		\$25.00
	Contributor address; City; State; Zip Code		
	Nederland, TX 77627-4870		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Physician			
	· · · ·		

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 34/65 Rpt: 37/73	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	ge Of Emergency Physicians PAC		00016755	liers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
09/08/2023	Konjoyan, Thomas R			\$25.00
	6 Contributor address; City; State; Zip Code			
	Nederland, TX 77627-4870			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/10/2023	Leeson, Kimberly			\$25.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78413-2718			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Leeson, Kimberly			\$25.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78413-2718			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/08/2023	Lezeb, Hamelmal			\$91.67
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504-3974			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/08/2023	Lilly, Travis K			\$8.33
	Contributor address; City; State; Zip Code			
	Northlake, TX 76247-1530			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/65 Rpt: 38/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
09/08/2023	Lilly, Travis K		\$8.33
	6 Contributor address; City; State; Zip Code		
	Northlake, TX 76247-1530		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/10/2023	Lilly, Travis K		\$8.33
	Contributor address; City; State; Zip Code		
	Northlake, TX 76247-1530		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/07/2023	Lilly, Travis K		\$8.33
	Contributor address; City; State; Zip Code		
	Northlake, TX 76247-1530		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/13/2023	Lilly, Travis K		\$8.33
	Contributor address; City; State; Zip Code		
	Northlake, TX 76247-1530		
	pation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/07/2023	Lilly, Travis K		\$8.37
	Contributor address; City; State; Zip Code		
	Northlake, TX 76247-1530		
-	pation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
		·	

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 36/65 Rpt: 39/73
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Coller	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/07/2023	Lim, David T		\$100.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78261-2765	1	
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/07/2023			\$100.00
	Contributor address; City; State; Zip Code		
	Keller, TX 76248-3025		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)
Physician	, , , , , , , , , , , , , , , , , , ,	,	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/07/2023	Magoon, Michael R	/	\$25.00
	San Antonio, TX 78209-2253		
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/13/2023	Magoon, Michael R		\$25.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78209-2253		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Physician			)
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
11/10/2023	Marcantel, Derek L	/	\$25.00
	Contributor address; City; State; Zip Code		
	Friendswood, TX 77546-6145		
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 37/65 Rpt: 40/73	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	ge Of Emergency Physicians PAC		00016755	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/07/2023	Marcantel, Derek L			\$25.00
	6 Contributor address; City; State; Zip Code			
	Friendswood, TX 77546-6145			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Physician			,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/07/2023	Marcucci, John F			\$100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75208-4104			
	upation / Job title (See Instructions)	Employer (See Instructions	.)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/13/2023	Markides, Danna Michelle			\$100.00
	Contributor address; City; State; Zip Code			
Deir sinal asse	Houston, TX 77008-2649		、	
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions	.)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/07/2023	Marks, Kristen Lynne			\$50.00
	Contributor address; City; State; Zip Code			
	Argyle, TX 76226-6873			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/08/2023	Marquez, Otto J			\$8.37
	Contributor address; City; State; Zip Code			
	Dallas, TX 75214-3559			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician				

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 38/65 Rpt: 41/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
09/08/2023	Marquez, Otto J		\$8.33
	6 Contributor address; City; State; Zip Code		1
	Dallas, TX 75214-3559		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ;)
Physician			, ,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/10/2023	Marquez, Otto J		\$8.33
			•
	Dallas, TX 75214-3559		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/07/2023	Marquez, Otto J		\$8.33
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75214-3559		
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions	\$)
	<b></b>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/13/2023	Marquez, Otto J		\$8.33
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214-3559		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Physician			<i>,</i>
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
08/07/2023	Marquez, Otto J		\$8.33
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214-3559		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 39/65 Rpt: 42/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/08/2023	Martinez, Adrian		\$50.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78701-4273		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/08/2023	Martinez, Oscar		\$8.3
	Contributor address; City; State; Zip Code		
	Cypress, TX 77429-6957	<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Physician	<u></u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/07/2023	Martinez, Oscar		\$8.3
	Contributor address; City; State; Zip Code		
	Cypress, TX 77429-6957		
	upation / Job title (See Instructions)	Employer (See Instructions)	)
Physician		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/13/2023	Martinez, Oscar		\$8.3
	Contributor address; City; State; Zip Code		
	0		
	Cypress, TX 77429-6957		-
-	upation / Job title (See Instructions)	Employer (See Instructions)	)
Physician		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/07/2023	Martinez, Oscar		\$8.3
	Contributor address; City; State; Zip Code		
	Cypress, TX 77429-6957		
-	upation / Job title (See Instructions)	Employer (See Instructions)	)
Physician			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 40/65 Rpt: 43/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/10/2023	Mayor, Joey		\$100.00
	6 Contributor address; City; State; Zip Code		
	Keller, TX 76248		
8 Principal occu		9 Employer (See Instructions	<u> </u> ;)
Physician			, 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Mendenhall, Brian		\$8.37
	Contributor address; City; State; Zip Code		
	Longview, TX 75601-3567		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/08/2023	Mendenhall, Brian		\$8.33
	Contributor address; City; State; Zip Code		
Di indaan	Longview, TX 75601-3567		<u> </u>
	ipation / Job title (See Instructions)	Employer (See Instructions	i)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/10/2023	Mendenhall, Brian		\$8.33
	Contributor address; City; State; Zip Code		
	Lapaviow TV 75601-3567		
Drincinal occu	Longview, TX 75601-3567 Ipation / Job title (See Instructions)	Employer (See Instructions	
Principal occu Physician	pation / Job lille (See instructions)	Employer (See Instructions	<i>i</i> )
_		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/07/2023	Mendenhall, Brian		\$8.33
	Contributor address; City; State; Zip Code		
	Longview, TX 75601-3567		
Dringing occu	pation / Job title (See Instructions)	Employer (See Instructions	
Physician			<i>י</i> )
Filysician			
1			

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

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 42/65 Rpt: 45/73	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	ge Of Emergency Physicians PAC		00016755	/
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/07/2023	Middlebrook, John D			\$100.00
	6 Contributor address; City; State; Zip Code			
	Montgomery, TX 77316-4126			
8 Principal occu		9 Employer (See Instructions	)	
Physician			,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/08/2023	Mohammed, Abdul Rub Hakim			\$66.67
	Contributor address; City; State; Zip Code			
Driverine Lasses	McAllen, TX 78539	Environ (Or a hastmatic		
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)	
_				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	¢100.00
09/08/2023	Nellikappallil, Jose			\$100.00
	Contributor address; City; State; Zip Code			
	Saginaw, TX 76131			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/10/2023	Niziol, Charles			\$100.00
	Contributor address; City; State; Zip Code			
	Kingwood, TX 77339-2231			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>\$0.00</b>
07/07/2023	Obiejesi, Ogechukwu Kenechukwu			\$8.33
	Contributor address; City; State; Zip Code			
	Dallas, TX 75204			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician		, , , , , , , , , , , , , , , , , , , ,	, ,	
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	The Instru	ction Guide explains how to complete this f	form.	1 I	Total pages Schedule A1: Sch: 43/65 Rpt: 46/73	
2	FILER NAME			_	Filer ID (Ethics Commission	n Filers)
		ge Of Emergency Physicians PAC			00016755	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/08/2023	Pantoja, Luis				\$91.67
		6 Contributor address; City; State; Zip Code				
		McAllen, TX 78539				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/07/2023	Patel, Raviraj J				\$50.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75206-6510	-			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/07/2023	Patlovany, Matthew L				\$100.00
		Contributor address; City; State; Zip Code		1		
	<u> </u>	San Antonio, TX 78255-2344		Ĺ		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	S)		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	09/08/2023	Pattison, Monta				\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77024	i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/08/2023	Pearce, Megan E				\$25.00
		Contributor address; City; State; Zip Code				
$\vdash$	<u> </u>	Dallas, TX 75205-3006		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
L	Physician					

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

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 45/65 Rpt: 48/73	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
11/10/2023	Pinnow, Jeffery M			\$25.00
	6 Contributor address; City; State; Zip Code			
	Odessa, TX 79765-8006			
Physician	upation / Job title (See Instructions)	9 Employer (See Instructions	)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/07/2023	Pinnow, Jeffery M			\$25.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79765-8006			
	upation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/10/2023				\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78248-1715			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)	
Physician			)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
07/07/2023	Pugh, George-Thomas M			\$4.13
01/01/2020	Contributor address; City; State; Zip Code			¢±0
	San Antonio, TX 78248-1715			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/13/2023	Pugh, George-Thomas M			\$25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78248-1715			
	upation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 46/65 Rpt: 49/73	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	)
	ge Of Emergency Physicians PAC		00016755	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/08/2023	Pumarejo Gomez, Laura Sofia		\$8	3.33
	6 Contributor address; City; State; Zip Code			
	Frisco, TX 75034-2315			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Physician			, 	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/08/2023	Pumarejo Gomez, Laura Sofia		\$8	3.33
	Contributor address; City; State; Zip Code			
	Frisco, TX 75034-2315			
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/10/2023	Pumarejo Gomez, Laura Sofia		\$8	8.33
	Contributor address; City; State; Zip Code			
- · · ·	Frisco, TX 75034-2315	1		
-	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
07/07/2023	Pumarejo Gomez, Laura Sofia		\$8	8.33
	Contributor address; City; State; Zip Code			
	Frisco, TX 75034-2315			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	N	
Philopai occu Physician		Employer (See Instructions)	)	
_				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	- <b>-</b>
10/13/2023	Pumarejo Gomez, Laura Sofia		φα	3.33
	Contributor address; City; State; Zip Code			
	Frisco, TX 75034-2315			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Physician			)	
Thysician				

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 47/65 Rpt: 50/73	
2 FILER NAME			3 Filer ID (Ethics Commission	ו Filers)
Texas Colle	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
08/07/2023	Pumarejo Gomez, Laura Sofia			\$8.37
	6 Contributor address; City; State; Zip Code			
0 Deinsinglage	Frisco, TX 75034-2315	• England (Or a la struction		
Principal occu Physician	upation / Job title (See Instructions)	9 Employer (See Instructions)	5)	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/08/2023	Ramirez, Mike			\$91.67
	Contributor address; City; State; Zip Code		•	
	San Antonio, TX 78202-2059			
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/08/2023	Roa, Ever			\$91.67
	Contributor address; City; State; Zip Code		•	
	McAllen, TX 78501			
	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
09/08/2023	Roberts, Allen L			\$100.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104-4517			
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Phincipal occu Physician		Employer (See instructions	5)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	ቀ100 00
07/07/2023	Robson, Joseph P			\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78703-2139			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician			,	
-				

	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 48/65 Rpt: 51/73	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		ge Of Emergency Physicians PAC				00016755	,
4	Date	5 Full name of contributor out-of-state F	PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/08/2023	Roe, Jada L					\$200.00
		6 Contributor address; City; State; Zip Code			1		
		Montgomery, TX 77356-4738					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> ວ		
•	Physician				·)		
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:	)		Amount of Contribution (\$)	
	11/10/2023	Roper, Emory					\$50.00
		Contributor address; City; State; Zip Code					
		Keller, TX 76262-9056					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician						
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:	)		Amount of Contribution (\$)	
	07/07/2023	Roper, Emory					\$50.00
		Contributor address; City; State; Zip Code			1		
	Deinsinglasse	Keller, TX 76262-9056		Enveloper (Operations)	Ĺ		
	Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor 🗌 out-of-state F	PAC (ID#:	)		Amount of Contribution (\$)	
	08/07/2023	Roppolo, Lynn Palacol					\$100.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75229-5359					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician						
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:	)		Amount of Contribution (\$)	
	12/08/2023	Rose, Jackie Lee					\$25.00
		Contributor address; City; State; Zip Code					
		Greenville, TX 75402-2824					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 49/65 Rpt: 52/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
09/08/2023	Rose, Jackie Lee		\$25.00
	6 Contributor address; City; State; Zip Code		
	Greenville, TX 75402-2824		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Physician			<i>י</i>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/07/2023	Rose, Jeri K		\$50.00
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79159-1320	,	
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Roth, Brett Alan		\$100.00
	Contributor address; City; State; Zip Code		
	Flower Mound TV 75020 0271		
Dringingl occu	Flower Mound, TX 75028-8271	Employer (See Instructions	
Physician	ipation / Job title (See Instructions)	Employer (See Instructions	.)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Rucker, Ebony R		\$8.33
	Contributor address; City; State; Zip Code		
	El Paso, TX 79934-2300		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Physician			') '
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
09/08/2023	Rucker, Ebony R		\$8.33
00,00,	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	El Paso, TX 79934-2300		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	L 3)
Physician			
		1	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 50/65 Rpt: 53/73	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/10/2023	Rucker, Ebony R			\$8.33
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79934-2300			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/07/2023	Rucker, Ebony R			\$8.37
	Contributor address; City; State; Zip Code			
	El Paso, TX 79934-2300			
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/13/2023	Rucker, Ebony R			\$8.33
	Contributor address; City; State; Zip Code			
	El Paso, TX 79934-2300			
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Rucker, Ebony R			\$8.33
	Contributor address; City; State; Zip Code			
<u> </u>	El Paso, TX 79934-2300		<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/10/2023	Rumph, Gregory E			\$25.00
	Contributor address; City; State; Zip Code			
	Taylor Lake Village, TX 77586-4528			
Dringing Loogu		Employer (Cap Instructions)		
Physician	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Fliysiciali				

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

Tł	he Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 52/65 Rpt: 55/73
2 FIL	LER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		ge Of Emergency Physicians PAC		00016755
<b>4</b> Da	ate	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10	0/13/2023	Sabatini, Collin J		\$8.3
		6 Contributor address; City; State; Zip Code		
		Houston, TX 77005-3130		
		pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Ph	hysician			
Da	ate	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08	3/07/2023	Sabatini, Collin J		\$8.3
		Contributor address; City; State; Zip Code		
		-		
		Houston, TX 77005-3130		
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Ph	hysician			
Da	ate	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09	9/08/2023	Schlesselman, Leroy R		\$100.0
		Contributor address; City; State; Zip Code		
		Houston, TX 77043-4718		
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Ph	hysician			
Da	ate	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10	0/13/2023	Schwirtlich, Lonnie R		\$100.0
		Contributor address; City; State; Zip Code		
		Corpus Christi, TX 78418-7505		
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Ph	hysician			
Da	ate	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07	7/07/2023	Shaw, Sarah Ibanez		\$100.0
		Contributor address; City; State; Zip Code		
		Austin, TX 78723-2629		
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Ph	hysician			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 53/65 Rpt: 56/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/08/2023	Sheena, Douglas A		\$8.37
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75206-0500		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/08/2023	Sheena, Douglas A		\$8.33
	Contributor address; City; State; Zip Code		
	Dallas, TX 75206-0500		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/10/2023	Sheena, Douglas A		\$8.33
	Contributor address; City; State; Zip Code		
	Dallas, TX 75206-0500		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/07/2023	Sheena, Douglas A		\$8.33
	Contributor address; City; State; Zip Code		
Dringingloggy	Dallas, TX 75206-0500	Employer (Cas Instructions	
Physician	ipation / Job title (See Instructions)	Employer (See Instructions	5)
_			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/13/2023	Sheena, Douglas A		\$8.33
	Contributor address; City; State; Zip Code		
	Dallas, TX 75206-0500		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	
Physician			"
i iiysiciari			

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 54/65 Rpt: 57/73	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	)
	ge Of Emergency Physicians PAC		00016755	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/07/2023			\$8	3.33
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75206-0500			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	L 3)	
Physician	· · · ·		, 	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/10/2023	Sheets, H. Kyle		\$100	).00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79401-4732			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/08/2023	Sherman, Matthew J		\$100	).00
	Contributor address; City; State; Zip Code			
	Dallas TV 75914 9959			
Dringing occ	Dallas, TX 75214-2353	Employer (See Instructions		
Physician	upation / Job title (See Instructions)	Employer (See Instructions	)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/07/2023	Shipkey, Gregory M		\$100	).00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022-6540			
	upation / Job title (See Instructions)	Employer (See Instructions	2) 2)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/13/2023	Soler, Gabriella		\$50	0.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75201-4482			
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Physician				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 55/65 Rpt: 58/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/07/2023	Sosa, Sameta		\$100.00
	6 Contributor address; City; State; Zip Code		
	Uvalde, TX 78801-3501		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	)
Physician			/
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/10/2023	Sparkman, Mark Kevin		\$50.00
	Contributor address; City; State; Zip Code		
	New Braunfels, TX 78130-8903		
	ipation / Job title (See Instructions)	Employer (See Instructions	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/08/2023	Spohn, Micheal		\$100.00
	Contributor address; City; State; Zip Code		
	College Station, TX 77845-7107		
Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Stacks, Kevin B	,	\$8.33
	Contributor address; City; State; Zip Code		
	Denison, TX 75020-0775		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/08/2023	Stacks, Kevin B		\$8.33
	Contributor address; City; State; Zip Code		
	Denison, TX 75020-0775		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)
Physician			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 56/65 Rpt: 59/73	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Fil	lers)
	ge Of Emergency Physicians PAC		00016755	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/10/2023	Stacks, Kevin B			\$8.33
	6 Contributor address; City; State; Zip Code			
	Denison, TX 75020-0775			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/07/2023	Stacks, Kevin B			\$8.37
	Contributor address; City; State; Zip Code			
	Denison, TX 75020-0775			
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/13/2023	Stacks, Kevin B			\$8.33
	Contributor address; City; State; Zip Code			
	Denison, TX 75020-0775			
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Stacks, Kevin B			\$8.33
	Contributor address; City; State; Zip Code			
	Daniago TV 75020 0775			
Dringing Loopu	Denison, TX 75020-0775		<u> </u>	
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)	
_				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	**F 00
08/07/2023	Stewart, Stephen P			\$25.00
	Contributor address; City; State; Zip Code			
	Pagosa Springs, CO 81147			
Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Phincipal occu Physician			)	
FllySiciali				

			1 Total pages Schedule A1:	
The Instru	ction Guide explains how to complete this fo	orm.	Sch: 57/65 Rpt: 60/73	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
Texas Colleç	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
09/08/2023	Stroh, John James		\$10	00.00
	6 Contributor address; City; State; Zip Code			
	Manvel, TX 77578-4885			
8 Principal occu		9 Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/10/2023	Stucka, Kristy Renee		\$2	25.00
	Contributor address; City; State; Zip Code			
	Dallag TV 75225 7652			
Principal occu	Dallas, TX 75225-7653 Ipation / Job title (See Instructions)	Employer (See Instructions)	<u>\</u>	
Phincipal occu Physician			)	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Stucka, Kristy Renee	/		25.00
00.0				_0.0.
	Dallas, TX 75225-7653			
	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/10/2023	Switzer, Ted Wesley		74	10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78248-1147			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/08/2023	Tarpley, Malia		\$2	25.00
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78626-1581			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician		Employer (eee meadeache,	)	
<b>,</b> .				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 58/65 Rpt: 61/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Colle	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/10/2023	Tarpley, Malia		\$25.00
	6 Contributor address; City; State; Zip Code		
	Georgetown, TX 78626-1581		
8 Principal occl	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)
Physician			<i>'</i>
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/08/2023	Thomas, Jacob		\$1.67
	Contributor address; City; State; Zip Code		
	Houston, TX 77024-7808	<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Physician		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/08/2023	Thomas, Jacob		\$1.67
	Contributor address; City; State; Zip Code		
	Houston, TX 77024-7808		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/10/2023	Thomas, Jacob		\$1.67
	Contributor address; City; State; Zip Code		
	Houston, TX 77024-7808	1 _ · /2 hastmations	
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i> )
-			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/07/2023	Thomas, Jacob		\$1.67
	Contributor address; City; State; Zip Code		
	Houston, TX 77024		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Physician			, ,
		<u>I</u>	

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

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 60/65 Rpt: 63/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Colleç	ge Of Emergency Physicians PAC		00016755
4 Date 10/13/2023	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: Tinoco, Amalia</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$100.0
9 Principal occu	Corpus Christi, TX 78413-2824 Ipation / Job title (See Instructions)	9 Employer (See Instructions)	<u></u>
Physician			1
Date 11/10/2023	Full name of contributor out-of-state PAC (ID#: Tomanec, Alainya Vollmering Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$100.0
Principal occu Physician	Robstown, TX 78380-6181 Ipation / Job title (See Instructions)	Employer (See Instructions)	)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/07/2023	Torres Galarza, Francisco Contributor address; City; State; Zip Code		\$100.0
	Mission, TX 78573-8537		
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)
Date 11/10/2023	Full name of contributor out-of-state PAC (ID#: Tran, MacLong T Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$25.0
	Richardson, TX 75082-5604		
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)
Date 08/07/2023	Full name of contributor out-of-state PAC (ID#: Tran, MacLong T Contributor address; City; State; Zip Code Richardson, TX 75082-5604	)	Amount of Contribution (\$) \$25.0
Principal occu Physician	I Ipation / Job title (See Instructions)	Employer (See Instructions)	)

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 61/65 Rpt: 64/73
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/07/2023	Trujillo, Mauricio Javier		\$25.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75230-2946		
8 Principal occu		9 Employer (See Instructions	)
Physician			, 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/08/2023	Tull, Jonathan		\$8.33
	Contributor address; City; State; Zip Code		
	Houston TX 77004 1255		
Dringing ogg	Houston, TX 77004-1255	Employer (See Instructions)	
Physician	ipation / Job title (See Instructions)	Employer (See Instructions	)
-		、	(m)
Date 09/08/2023	Full name of contributor out-of-state PAC (ID#: Tull, Jonathan	)	Amount of Contribution (\$) \$8.33
0910012020			φ0.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77004-1255		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/10/2023	Tull, Jonathan		\$8.33
	Contributor address; City; State; Zip Code		
Duin aire a la a an	Houston, TX 77004-1255	England (Or a la struction of	
Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions	)
-			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/07/2023	Tull, Jonathan		\$8.33
	Contributor address; City; State; Zip Code		
	Houston, TX 77004-1255		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	)
Physician	, , , , ,		
-			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 62/65 Rpt: 65/73	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
Texas Colle	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/13/2023	Tull, Jonathan		\$	\$8.33
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77004-1255			
8 Principal occu Physician	ipation / Job title (See Instructions)	9 Employer (See Instructions		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Tull, Jonathan			\$8.33
	Houston, TX 77004-1255			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Vankawala, Hemant H		\$10	00.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229-5505			
	ipation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/08/2023	Voice, Ste'Von Anthony		\$9	91.67
	Contributor address; City; State; Zip Code			
	Terrell, TX 75161			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Physician			,	
Date	Full name of contributor out-of-state PAC (ID#:	·	Amount of Contribution (\$)	
10/13/2023	Way, Sarah S	)	.,	00.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229-4247			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)	
Physician				

SCHEDULE	A1
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The Ir	struction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 63/65 Rpt: 66/73	
2 FILER	AME	3	Filer ID (Ethics Commissio	n Filers)
Texas	College Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7	Amount of Contribution (\$)	
08/07/2				\$100.00
	6 Contributor address; City; State; Zip Code			
	Helotes, TX 78023-4829			
8 Principa	l occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)		
Physic	an			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/08/2				\$100.00
	Contributor address; City; State; Zip Code			
	Mansfield, TX 76063-6157			
Principa	l occupation / Job title (See Instructions) Employer (See Instru	ctions)		
Physic	an			
Date	Full name of contributor out-of-state PAC (ID#:	_)	Amount of Contribution (\$)	
10/13/2				\$100.00
	Contributor address; City; State; Zip Code			
	Midland, TX 79707-1451			
	l occupation / Job title (See Instructions) Employer (See Instru	ictions)		
Physic	an			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
07/07/2	023 Wu, Stanley Longjyi			\$100.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77005-1352			
	l occupation / Job title (See Instructions) Employer (See Instru	ictions)		
Physic	an			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
11/10/2	023 Xiong, Tanya			\$25.00
	Contributor address; City; State; Zip Code			
D in sin	Houston, TX 77004-5933			
-	l occupation / Job title (See Instructions) Employer (See Instru	ictions)		
Physic	ân			
1				

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 64/65 Rpt: 67/73	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission	n Filers)
	ge Of Emergency Physicians PAC		00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/10/2023	Xiong, Tanya			\$25.00
	6 Contributor address; City; State; Zip Code			
<b>9</b> Dringingly	Houston, TX 77004-5933	C Employer (Coo Instructions		
Physician	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Xu, Ke Tom			\$100.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79424-5508			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Ybarra, Richard Joe			\$100.00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78550-8276			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician			)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/08/2023	Zapata, Jorge			\$91.67
	Contributor address; City; State; Zip Code			
	McAllen, TX 78539			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician			, ,	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/07/2023	Zheng, Danny			\$5.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76016-1481			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Physician				
		•		

The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1:	
				Sch: 65/65 Rpt: 68/73	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Texas Colleg	e Of Emergency Physicians PAC			00016755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
11/10/2023	Ziebell, Christopher				\$100.00
	6 Contributor address; City; State; Zip Code		]		
	Austin, TX 78731-2154				
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
12/08/2023	de Moor, Carrie				\$25.00
	Contributor address; City; State; Zip Code		]		
	Frisco, TX 75034-8353		Ĺ		
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Physician			_		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
09/08/2023	de Moor, Carrie				\$25.00
	Contributor address; City; State; Zip Code				
	Frisco, TX 75034-8353				
Bringinal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Physician			5)		
Thysician					

## 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		3	Filer ID	(Ethics Commission Filers)			
Texas Colle	ge Of Emergency Physicians PAC		00016755				
4 Date	5 Corporation / Labor Organization name	6	Amount (\$)				
07/18/2023	Texas College of Emergency Physicians			940.00			
Date	Corporation / Labor Organization name		Amount (\$)				
07/07/2023	Texas College of Emergency Physicians			51.40			
Date	Corporation / Labor Organization name		Amount (\$)				
08/07/2023	Texas College of Emergency Physicians			105.79			
Date	Corporation / Labor Organization name	Τ	Amount (\$)				
09/08/2023	Texas College of Emergency Physicians			77.89			
Date	Corporation / Labor Organization name		Amount (\$)				
10/13/2023	Texas College of Emergency Physicians			55.51			
Date	Corporation / Labor Organization name		Amount (\$)				
11/10/2023	Texas College of Emergency Physicians			51.31			
Date	Corporation / Labor Organization name	Т	Amount (\$)				
12/08/2023	Texas College of Emergency Physicians			28.51			

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instru	ction Guide explains how to complete this form.	1	1 Total pages Schedule C4: Sch: 1/1 Rpt: 70/73			
2	FILER NAME Texas College Of Emergency Physicians PAC				(Ethics Commission Filers)		
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 Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 1/3 Rpt: 71/73	Texas College Of Emergency Physicians PAC 00016755						
4 Date	5 Payee name						
07/07/2023	American College of Emergency Physicians						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$180.00	P.O. Box 619911						
Expenditure from corporate funds							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Solicitation/Fundraising Expense						
	Check if Austin, TX, officeholder living expense Administrative support for solicitations.						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
08/07/2023	Holland, Douglas Rolland						
Amount (\$)	Payee address; City; State; Zip Code						
\$8.33	1660 Forgan Way						
Expenditure from corporate funds							
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Loan Repayment/Reimbursement</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Refund of contribution received.</li> </ul>						
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held							
Date	Payee name						
08/07/2023	Obiejesi, Ogechukwu Kenechukwu						
Amount (\$)	Payee address; City; State; Zip Code						
\$8.33 4711 Cowan Avenue							
Expenditure from corporate funds	Dallas, TX 75204						
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Loan Repayment/Reimbursement</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Refund of contribution received.</li> </ul>						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense		EXPENDITURE CA Event Expense Fees Food/Beverage Expense	Loan Rep	ayment/Reimbursement erhead/Rental Expense			
Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exper Legal Services	nse Printing Ex			Travel Out of District OTHER (enter a category not listed above)	
-		The Instruction Guide e	explains how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID	(Ethics Commission Filers)	
Sch: 2/3 Rpt: 72/73	Texas Col	Texas College Of Emergency Physicians PAC00016755					
4 Date	5 Payee name	9					
07/03/2023 Payscape							
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	de			
\$12.95	\$12.95 1438 West Peachtree Street						
Expenditure from corporate funds	Atlanta, G	A 30309					
8 PURPOSE OF		See Categories listed at the top	of this schedule)	(b) Description			
EXPENDITURE	Fees				outside of Texas. Com n. TX. officeholder living		
	Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions committee.						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Office sou	ght	Office he	ald	
Date	Payee nam	9					
08/01/2023	Payscape						
Amount (\$)	Payee addr	ess; City;	State; Zip Co	de			
\$12.95 1438 West Peachtree Street							
Expenditure from corporate funds	Atlanta, G	A 30309					
PURPOSE OF		See Categories listed at the top	of this schedule)	(b) Description			
EXPENDITURE	Fees				outside of Texas. Com n, TX, officeholder living		
						redit card contributions to	
				committee.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght	Office he	eld	
Date	Payee nam	2					
09/01/2023	Payscape	<u>,</u>					
Amount (\$)	Payee addr	ess; City;	State; Zip Co	de			
\$12.95		Peachtree Street	2				
Expenditure from corporate funds	Atlanta, G	4 30309					
PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b) Description			
OF EXPENDITURE	Fees				outside of Texas. Com		
Check if Austin, 1X, officenoider living expense							
Processing fees for online/credit card contributions committee.							
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ght	Office he	eld	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	Event Expense Fees Food/Beverage Expens - Gift/Awards/Memorials	SE Polling Exp SExpense Printing Exp	yment/Reimbursement head/Rental Expense ense pense	Transportation Eo Travel in District Travel Out of Dis	Travel Out of District	
Candidate/Officeholder/Political Credit Card Payment	5	Salaries/Wa uide explains how to con	ages/Contract Labor nplete this form.	OTHER (enter a	category not listed above)	
<b>1</b> Total pages Schedule F1:			- <b>Proce</b>	3 Filer ID	(Ethics Commission Filers)	
Sch: 3/3 Rpt: 73/73	Texas College Of Emergency Physicians PAC 00					
4 Date	5 Payee name					
10/02/2023 Payscape						
6 Amount (\$)	7 Payee address; City;	State; Zip Coc	le			
\$12.95	1438 West Peachtree Stree	et				
Expenditure from corporate funds	Atlanta, GA 30309					
8 PURPOSE OF	(a) Category (See Categories listed at th	he top of this schedule)	(b) Description	outside of Texas. Comp	elete Cabadula T	
EXPENDITURE	Fees			n, TX, officeholder living		
	Processing fees for online/credit card contribution committee.				edit card contributions to	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office soug	ht	Office he	ld	
Date	Payee name					
11/01/2023	Payscape					
Amount (\$)	Payee address; City;	State; Zip Coo	le			
\$13.62	1438 West Peachtree Stree	et				
Expenditure from corporate funds	Atlanta, GA 30309					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Fees	he top of this schedule)	<ul> <li>b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Processing fees for online/credit card contributions committee.</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name I	Office soug	.ht	Office he	ld	
Date	Payee name					
12/01/2023	Payscape					
Amount (\$)	Payee address; City;	State; Zip Coo	le			
\$13.62	1438 West Peachtree Stree	et				
Expenditure from corporate funds	Atlanta, GA 30309	r				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Fees	he top of this schedule)	Check if Austin	outside of Texas. Comp n, TX, officeholder living ees for online/cr		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office soug	ht	Office he	ld	