

CORRECTION/AMENDMENT AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURES

FORM COR-DCE

1 Filer ID (Ethics Commission Filers) 00088462	2 Total pages filed: 5	OFFICE USE ONLY	
3 FILER NAME Texas Medical Association	Date Received ELECTRONICALLY FILED 01/16/2024		Date Hand-delivered or Date Postmarked
	4 ORIGINAL REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____	Receipt #	Amount
Date Processed			
Date Imaged			
5 ORIGINAL PERIOD COVERED Month Day Year 10/30/2023	THROUGH	Month Day Year 12/31/2023	

6 EXPLANATION OF CORRECTION
 Adding the signature of an individual with authority to sign on behalf of the Texas Medical Association. (Though the affidavit was completed as prompted in the original electronic filing, box 13 appeared blank when the report publicly posted.)

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

DIRECT CAMPAIGN EXPENDITURES
CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

1 Filer ID: 00088462; 2 Total pages filed: 5; 3 FILER NAME: Texas Medical Association; 4 FILER ADDRESS: Austin, TX 78701; 5 FILER PHONE: (512) 370-1348; 6 REPORT TYPE: January 15; 7 PERIOD COVERED: 10/30/2023 THROUGH 12/31/2023; 8 ELECTION: 11/07/2023, General; 9 FILER ACTIVITY: Candidates, Measures (Ballot ID: TX Prop 8 Election Date: 2023-11-07 Desc: Creates the Broadband Infrastructure Fund), Officeholders Assisted.

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DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

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

13 AFFIDAVIT

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

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
4 of 5

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

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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