FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00055755 3 COMMITTEE NAME **OFFICE USE ONLY** Dallas County Medical Society PAC Date Received **ELECTRONICALLY FILED** 01/30/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS DCMS** 2611 Fairmount St Change of Address Dallas, TX 75201 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Gabriela NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Uquillas CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 2611 Fairmount St STREET **ADDRESS** (Residence or Business) Dallas, TX 75201 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 140 East 12th Street MAILING **ADDRESS** Change of Address Dallas, TX 75205 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 413-1426 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2023 01/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 File		(Ethics Commission Filers)
Dallas County Medic	al Society PAC		000	55755	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Manguras	A. Supported			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
		в. Орроѕеи			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	R THAN	\$	0.00
	2. TOTAL POLITICA	·		\$	
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF L	OANS)	•	1,187.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF 1 G PERIOD	THE LAST DAY	\$	0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOAN REPORTING PERIOD	NS AS OF THE	\$	0.00
.6 AFFIDAVIT				l	
		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	les all information r	at the ac equired	ecompanying report is to be reported by me
			Gabriela Uquill	as	
		Signa	ature of Campaign		er
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ped before me. by the said		. this the		day
		which, witness my hand and seal of office			
		,			
Signature of officer	administering oath	Printed name of officer administering oath	h Title	of office	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 11
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commi	ission Filers)
Dallas Co	unty Medical Society PAC	00055755		
19 SCHEDUL	E SUBTOTALS	<u> </u>	Τ	
NAME OF	SUBTOTA	AL AMOUNT		
1. X		\$	1,187.34	
2.	\$			
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 CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	! 	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	
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. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	167.81
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/11	
2	2 FILER NAME Dallas County Medical Society PAC		3	Filer ID (Ethics Commission 00055755	Filers)		
4	Date 12/26/2023	 5 Full name of contributor out out Black M.D., Alison 6 Contributor address; City; State; Zip)	7	Amount of Contribution (\$)	\$42.00
		Irving, TX 75063-3776					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 12/29/2023	Full name of contributor out Bowers M.D., Bruce Contributor address; City; State; Zip	t-of-state PAC (ID#: o Code			Amount of Contribution (\$)	\$42.00
	Dringing Loggy	Dallas, TX 75243-3787		Employer (Coo Instructions			
	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 01/15/2024	Full name of contributor out Burgesser M.D., Mary Contributor address; City; State; Zip	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$0.00
		McKinney, TX 75070-1293					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 01/10/2024	Full name of contributor out Burkhead M.D., Wayne Contributor address; City; State; Zip Dallas, TX 75231-0805	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 01/07/2024	Full name of contributor out Butterfield M.D., Jeffery Contributor address; City; State; Zip Dallas, TX 75208-3358	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONET	ARY POLITICAL CO	NTRIBUTION	S 		SCHEDULE	A1
	The Instru	ction Guide explains how to d	complete this forn	1.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/11	
2	Pallas County Medical Society PAC		3	Filer ID (Ethics Commission 00055755	Filers)		
4	Date 01/24/2024	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75206-6019					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 01/17/2024	Full name of contributor of carter M.D., Gregory Contributor address; City; State; Z	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$42.00
	Principal occu	Dallas, TX 75243-6806 pation / Job title (See Instructions)		Employer (See Instructions)		
	Physician	salon, our line (eee mendelene)			,		
	Date 12/30/2023	Full name of contributor ochung M.D., Wendy Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75205-2054					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 01/22/2024	Full name of contributor on the contributor of contributor on the contributor address; City; State; Zity; Desoto, TX 75115-2019	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 01/09/2024	Full name of contributor on the contributor of contributor address; City; State; Zontributor address; City; City; State; Zontributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
			'				

Dallas County Medical Society PAC		MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
Dallas County Medical Society PAC 4 Date 5 Full name of contributor		The Instru	ction Guide explains how to complete this fo	rm.	1		
4 Date 01/03/2024 5 Full name of contributor	2		ty Medical Society PAC		3		n Filers)
S42.00 Principal occupation / Job title (See Instructions) Physician S42.00	4		<u> </u>)	7		
Be Principal occupation / Job title (See Instructions) Physician Date Olios/2024 Full name of contributor out-of-state PAC (ID#; Dallas, TX 75390-8874 Principal occupation / Job title (See Instructions) Physician Date Dallas, TX 75390-8874 Principal occupation / Job title (See Instructions) Physician Date Pull name of contributor out-of-state PAC (ID#; Dallas, TX 75390-8874 Principal occupation / Job title (See Instructions) Physician Date Hazbun M.D., Munir Contributor out-of-state PAC (ID#; Dallas, TX 75391-4114 Principal occupation / Job title (See Instructions) Physician Date Dallas, TX 75231-4114 Principal occupation / Job title (See Instructions) Physician Date Dallas, TX 75390-9063 Employer (See Instructions) Physician Date Dallas, TX 75370-9063 Employer (See Instructions) Physician Date Principal occupation / Job title (See Instructions) Physician Date Principal occupation / Job title (See Instructions) Physician Date See Instructions Employer (See Instructions) Physician Employer (See Instructions) Physician Employer (See Instructions) Physician Employer (See Instructions) Physician Employer (See Instructions)						γ πιοσιή σε σσειαισμασεί (ψ)	\$42.00
Principal occupation / Job title (See Instructions) Physician Date Full name of contributor			6 Contributor address; City; State; Zip Code				
Date Full name of contributor out-of-state PAC (ID#:			Dallas, TX 75230-3513				
O1/05/2024 Haley M.D., Robert \$42.00 Contributor address; City; State; Zip Code Dallas, TX 75390-8874 Principal occupation / Job title (See Instructions) Physician Date Full name of contributor out-of-state PAC (ID#:	8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Dallas, TX 75390-8874 Principal occupation / Job title (See Instructions) Physician Date		Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code		01/05/2024					\$42.00
Principal occupation / Job title (See Instructions) Physician Date							
Date Full name of contributor out-of-state PAC (ID#:			Dallas, TX 75390-8874				
Date Full name of contributor out-of-state PAC (ID#:			pation / Job title (See Instructions)	Employer (See Instructions	5)		
12/31/2023 Hazbun M.D., Munir \$42.00		Physician					
Dallas, TX 75231-4114 Principal occupation / Job title (See Instructions) Physician Date O1/02/2024 Dallas, TX 75390-9063 Principal occupation / Job title (See Instructions) Physician Date Dallas, TX 75390-9063 Principal occupation / Job title (See Instructions) Physician Date Dallas, TX 75390-9063 Principal occupation / Job title (See Instructions) Physician Date O1/01/2024 Ramphaus M.D., John Contributor address; City; State; Zip Code Plano, TX 75075-5025 Principal occupation / Job title (See Instructions) Plano, TX 75075-5025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$42.00)		Amount of Contribution (\$)	
Dallas, TX 75231-4114 Principal occupation / Job title (See Instructions) Physician Date 01/02/2024 Dallae M.D., Mambarambath Contributor address; City; State; Zip Code Dallas, TX 75390-9063 Principal occupation / Job title (See Instructions) Physician Date 01/01/2024 Full name of contributor Dallas, TX 75390-9063 Principal occupation / Job title (See Instructions) Physician Date 01/01/2024 Full name of contributor out-of-state PAC (ID#:		12/31/2023					\$42.00
Principal occupation / Job title (See Instructions) Physician Date O1/02/2024 Dallas, TX 75390-9063 Principal occupation / Job title (See Instructions) Physician Date Date Dallas, TX 75390-9063 Principal occupation / Job title (See Instructions) Physician Date O1/01/2024 Full name of contributor			Contributor address, City, State, Zip Code				
Physician Date Full name of contributor out-of-state PAC (ID#:			Dallas, TX 75231-4114				
O1/02/2024 Jaleel M.D., Mambarambath \$42.00 Contributor address; City; State; Zip Code Dallas, TX 75390-9063 Principal occupation / Job title (See Instructions) Physician Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Kamphaus M.D., John Contributor address; City; State; Zip Code Plano, TX 75075-5025 Principal occupation / Job title (See Instructions) Employer (See Instructions)		·	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Contributor address; City; State; Zip Code Dallas, TX 75390-9063 Principal occupation / Job title (See Instructions) Physician Date 01/01/2024 Kamphaus M.D., John Contributor address; City; State; Zip Code Plano, TX 75075-5025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$42.00		Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Dallas, TX 75390-9063 Principal occupation / Job title (See Instructions) Physician Date 01/01/2024 Kamphaus M.D., John Contributor address; City; State; Zip Code Plano, TX 75075-5025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$42.00		01/02/2024					\$42.00
Principal occupation / Job title (See Instructions) Physician Date O1/01/2024 Full name of contributor Contributor address; City; State; Zip Code Plano, TX 75075-5025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$42.00 \$42.00 Employer (See Instructions)							
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/01/2024 Kamphaus M.D., John Contributor address; City; State; Zip Code Plano, TX 75075-5025 Principal occupation / Job title (See Instructions) Employer (See Instructions)							
01/01/2024 Kamphaus M.D., John Contributor address; City; State; Zip Code Plano, TX 75075-5025 Principal occupation / Job title (See Instructions) Employer (See Instructions)		'	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Contributor address; City; State; Zip Code Plano, TX 75075-5025 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	Full name of contributor ut-of-state PAC (ID#:			Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Plano, TX 75075-5025 Principal occupation / Job title (See Instructions) Employer (See Instructions)		01/01/2024					\$42.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
			Plano, TX 75075-5025				
·		·	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			<u>.</u>				

	MONET	ARY POLITICAL CONTRIB	BUTIONS		SCHEDULI	E A1
	The Instruc	tion Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/11	
2	FILER NAME Dallas County Medical Society PAC		3	Filer ID (Ethics Commission 00055755	n Filers)	
4	Date 01/10/2024	 Full name of contributor out-of-state F Koonsman M.D., Martin Contributor address; City; State; Zip Code 	,	7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75208-2318				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)		
	Date 01/02/2024	Full name of contributor out-of-state F Lichliter M.D., Warren Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$42.00
	Deinainal assu	Dallas, TX 75246-2042	Franksian (Coo lookuustiin			
	Principal occul Physician	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date 01/03/2024	Full name of contributor out-of-state F McKee M.D., John Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$42.00
		Sunnyvale, TX 75182-9390				
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date 12/29/2023	Full name of contributor out-of-state F Millard M.D., Mark Contributor address; City; State; Zip Code Dallas, TX 75246-2073	PAC (ID#:)		Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date 12/29/2023	Full name of contributor out-of-state F Miner M.D., Adam Contributor address; City; State; Zip Code Richardson, TX 75080-2978	PAC (ID#:)		Amount of Contribution (\$)	\$42.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instruction	ons)		
			·			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/11	
2	FILER NAME Dallas County Medical Society PAC		3	Filer ID (Ethics Commission 00055755	Filers)	
4	Date 01/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75390-9068				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/27/2023	Full name of contributor out-of-state PAC (ID#: Newton M.D., Dennis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$42.00
	Dringing age	Carrollton, TX 75006-4727	Employer (Coo Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/07/2024	Full name of contributor out-of-state PAC (ID#: Nguyen M.D., Hanh-Dieu Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Plano, TX 75023				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/17/2024	Full name of contributor out-of-state PAC (ID#: Nicholas M.D., Donald Contributor address; City; State; Zip Code Desoto, TX 75123-2619			Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/15/2024	Full name of contributor out-of-state PAC (ID#: Patel M.D., Amit Contributor address; City; State; Zip Code Dallas, TX 75219-4301			Amount of Contribution (\$)	\$8.34
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIB	SUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/11
2	Pallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755	
4	Date 01/02/2024	 Full name of contributor out-of-state PARAGUSKY M.D., Ross Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$42.00
		Dallas, TX 75230-1834		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 01/21/2024	Full name of contributor out-of-state PAReeder M.D., Steven Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$) \$42.00
	Deinsinal	Dallas, TX 75230-1902	Familia or (Coo looks of or	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 01/08/2024	Full name of contributor out-of-state Pa Seidenfeld M.D., Steven Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$42.00
		Dallas, TX 75201-1523		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 01/02/2024	Full name of contributor out-of-state Pa Shelton M.D., Jack Contributor address; City; State; Zip Code Dallas, TX 75214-0481	AC (ID#:)	Amount of Contribution (\$) \$42.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	
	Date 01/05/2024	Full name of contributor out-of-state Partibrewal M.D., Anil Contributor address; City; State; Zip Code Duncanville, TX 75116-4905	PAC (ID#:)	Amount of Contribution (\$) \$42.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	
			1	

TARY POLITICAL CONTRIBU	SCHEDULE A1
ruction Guide explains how to complete	this form. 1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/11
IE unty Medical Society PAC	3 Filer ID (Ethics Commission Filers) 00055755
5 Full name of contributor out-of-state PA Whitman M.D., Jeffrey 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$42.00
Dallas, TX 75243-6602	0. Employer (See Instructions)
cupation / Job title (See Instructions)	9 Employer (See Instructions)
1	5 Full name of contributor out-of-state PAC Whitman M.D., Jeffrey 6 Contributor address; City; State; Zip Code

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to	o complete this form.
1 Tatal manas Cabadula II	·	
Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Dallas County Medical Society PAC	3 Filer ID (Ethics Commission Filers) 00055755
4 Date	5 Payee name	00000700
12/31/2023	Dallas County Medical Society	
6 Amount (\$)	7 Payee Address; City; State; Zip PO Box 4680	
102.60	FO BOX 4000	
Expenditure from corporate funds	Dallas, TX 75208	
B PURPOSE	(a) Category (See instructions for examples of acceptable categories	(See instructions regarding type of information required.)
OF	Accounting/Banking	Administrative fees
EXPENDITURE		
Date	Payee name	
12/31/2023	Dallas County Medical Society	
Amount (\$)	Payee Address; City; State; Zip	
44.77	PO Box 4680	
— Expenditure from		
corporate funds	Dallas, TX 75208	
PURPOSE	(a) Category (See instructions for examples of acceptable categories	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking	Accounting System
Date		
Date	Payee name	
12/31/2023	Dallas County Medical Society	
Amount (\$)	Payee Address; City; State; Zip	
20.44	PO Box 4680	
Expenditure from corporate funds	Dallas, TX 75208	
PURPOSE	(a) Category (See instructions for examples of acceptable categories	(See instructions regarding type of information required.)
OF	Accounting/Banking	Credit Card fees
EXPENDITURE		Ground Gard 1888