#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00052716 3 COMMITTEE NAME **OFFICE USE ONLY** El Paso County Medical Society - PAC Date Received **ELECTRONICALLY FILED** 03/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1301 Montana Ave. Change of Address El Paso, TX 79902 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Dr. Azalia V. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Martinez CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1301 Montana STREET **ADDRESS** (Residence or Business) El Paso, TX 79902 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1301 Montana MAILING **ADDRESS** Change of Address El Paso, TX 79902 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (915) 533-0940 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 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME 13			13 File	r ID	(Ethics Commission Filers)
			000	52716	
L4 COMMITTEE ACTIVITY	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			
	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.)				
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER T OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	HAN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	<b>L CONTRIBUTIONS</b> DGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$	250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	578.47
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF THE REPORTING PERIOD		E LAST DAY	\$	5,554.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		AS OF THE	\$	0.00
6 AFFIDAVIT	<u> </u>				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information		
		Dr.	Azalia V. Maı	tinez	
		Signatu	re of Campaign	Treasur	er
AFFIX NOTARY	Y STAMP / SEAL ABOVE				
Sworn to and subscribed	d before me, by the said _		, this the		day
of	, 20, to certify	which, witness my hand and seal of office.			
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title	of office	er administering oath

#### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

			3 of 5			
17 COMMITTI	EE NAME County Medical Society - PAC	<b>18</b> Filer ID 00052716	(Ethics Commission Filers)			
	19 SCHEDULE SUBTOTALS					
NAME OF SCHEDULE			SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 250.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 578.47			
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 I TO FILER	RETURNED	\$			

TARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
ruction Guide explains how to complete t	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/5	
ME ounty Medical Society - PAC	3 Filer ID (Ethics Commission Filers) 00052716	
5 Full name of contributor out-of-state PAC Enriquez M.D., Andres (Dr.)  6 Contributor address; City; State; Zip Code	(ID#:)	7 Amount of Contribution (\$) \$250.00
El Paso, TX 79922	Employer (See Instruction	ne)
ccupation / Job title (See Instructions)	9 Employer (See Instruction	ns)
r	ruction Guide explains how to complete to  ME  ounty Medical Society - PAC  5 Full name of contributor  out-of-state PAC  Enriquez M.D., Andres (Dr.)  6 Contributor address; City; State; Zip Code	ounty Medical Society - PAC  5 Full name of contributor out-of-state PAC (ID#:)

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	2 FILER NAME El Paso County Medical Society - PAC 3 Filer ID (Ethics Commission Filers) 00052716			
4 Date 02/19/2024	5 Payee name Perez, Vince (Mr.)			
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 71309			
Expenditure from corporate funds	El Paso, TX 79917			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date 02/19/2024 Amount (\$)	Payee name Slaughter, Patricia (Mrs.) Payee address; City; State; Zip Code			
\$78.47	6153 Sierra Valle Ln.			
Expenditure from corporate funds	El Paso, TX 79912			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimb. for Breakfast with Vince Perez			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			