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** 05/03/2024 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 X May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 03/26/2024 04/25/2024 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer I	
Dallas County Medic	al Society PAC		00055	5755
.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 Magaziras	A. Supported		
	Measures (Describe by date and location)	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
L5 CONTRIBUTION TOTALS		D POLITICAL CONTRIBUTIONS (OTHER THA	AN	
TOTALS	CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA			
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOAN	S)	418.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE L G PERIOD	LAST DAY	36,067.15
OUTSTANDING LOAN TOTALS	I -	AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	S OF THE	0.00
.6 AFFIDAVIT			L	
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	of perjury, that I information red	the accompanying report is quired to be reported by me
		Ga	ıbriela Uquilla:	s
			of Campaign Ti	
AFFIX NOTA	DV CTAMB / CEAL ABOVE	- 3	10	
AFFIX NOTA	RY STAMP / SEAL ABOVE			
			, 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
Signature of officer	administering outil	ca name of officer duffillistering oath	Tille U	a omoci administering batti

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 7					
17 COI	MMITTE	EE NAME	18 Filer ID	(Ethics Commissio	n Filers)
		unty Medical Society PAC	00055755	`	ĺ
19 SCHEDULE SUBTOTALS					
NAME OF SCHEDULE					MOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	418.51
				 	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				<u> </u>	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
				ļ [*]	
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	PR	 \$	
		ORGANIZATION		J ³	
-		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		COLUMN TO A MONEY ADVICTABLY CURROUT FROM CORRORATION OF LABOR			
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
				<u> </u>	
9.	П	SCHEDULE E: LOANS		 	
	<u> </u>	- CONTROLL E. CONTROLL		J =	
10		COLUMN TO THE EAST POLITICAL EXPENDITURES FROM DOLLTICAL CONTRIBUTIONS			
10.	Ш	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	
11.	Ш	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	\$	99.95
	<u> </u>		_	<u> </u>	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	 \$	
13.	Ц	TO FILER		 \$	
				•	
1					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE /		
	The Instruc	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/7		
2	FILER NAME Dallas Count	R NAME as County Medical Society PAC		3	Filer ID (Ethics Commission Filers) 00055755		
4	Date 04/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$0.17	
		Frisco, TX 75034-6875					
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 03/28/2024	Full name of contributor out-of-state PAC (ID#:_Arnold M.D., David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$42.00	
	Principal occu	Dallas, TX 75204-6449 pation / Job title (See Instructions)	Employer (See Instructions	;)			
	Physician			,			
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Cade M.D., Aaron Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$42.00	
		Plano, TX 75024-7397					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 04/15/2024	Full name of contributor out-of-state PAC (ID#:_ Dossett M.D., Lucy Contributor address; City; State; Zip Code Roanoke, TX 76262-0619			Amount of Contribution (\$)	\$7.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:_Korpon M.D., Jonathan Contributor address; City; State; Zip Code Dallas, TX 75390-9035			Amount of Contribution (\$)	\$42.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)			
			'				

	MONET	ARY POLITICAL C	ONTRIBUTION	NS 		SCHEDULE	E A1
	The Instru	ction Guide explains how t	to complete this for	rm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/7	
2	FILER NAME Dallas Coun	ME bunty Medical Society PAC		3	Filer ID (Ethics Commission 00055755	Filers)	
4	Date 03/26/2024	5 Full name of contributor Martinez D.O., Ricardo6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75234-7839					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 03/29/2024	Full name of contributor McCain M.D., Christina Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$42.00
	Dringing occur	Dallas, TX 75206-6774		Employer (See Instructions	<u></u>		
	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Date 03/26/2024	Full name of contributor Olascoaga-Castro M.D., Jo Contributor address; City; Stat			•	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75204-5625					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 04/15/2024	Full name of contributor Patel M.D., Amit Contributor address; City; Stat Dallas, TX 75219-4301	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$8.34
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/28/2024	Full name of contributor Race M.D., Elizabeth Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
	The Instruction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/7	
2	2 FILER NAME Dallas County Medical Society PAC		
4	5 Full name of contributor out-of-state PAC (ID Rapp M.D., Derek 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$10.0
	Dallas, TX 75238-2526		
8	Principal occupation / Job title (See Instructions) Physician	9 Employer (See Instructions	s)
	Date Full name of contributor out-of-state PAC (ID 03/27/2024 Shah M.D., Anjali)#:)	Amount of Contribution (\$) \$99.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75390-9055		
	Principal occupation / Job title (See Instructions) Physician	Employer (See Instructions	s)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to complete this form.
1 Total pages Schedule I: Sch: 1/1 Rpt: 7/7	2 FILER NAME Dallas County Medical Society PAC 3 Filer ID (Ethics Commission Filers) 00055755
4 Date 03/30/2024	5 Payee name Dallas County Medial Society
6 Amount (\$) 40.85 Expenditure from corporate funds	7 Payee Address; City; State; Zip 2611 Fairmount St Dallas, TX 75201
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Salaries/Wages/Contract Labor (b) Description (See instructions regarding type of information required.) Admin Expenses
Date 03/31/2024	Payee name Dallas County Medial Society
Amount (\$) 44.77	Payee Address; City; State; Zip 2611 Fairmount St
Expenditure from corporate funds	Dallas, TX 75201
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) accounting system
Date 03/31/2024	Payee name Dallas County Medial Society
Amount (\$) 14.33	Payee Address; City; State; Zip 2611 Fairmount St
Expenditure from corporate funds	Dallas, TX 75201
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) bank fees