MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

			- Filer ID	
тн	e MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00052716	2 Total pages filed: 5
3	COMMITTEE NAME		•	OFFICE USE ONLY
	El Paso County Me	dical Society - PAC		
	·····			Date Received
				ELECTRONICALLY FILED
				06/03/2024
4	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 Destroyled
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked
ľ	TREASURER			Receipt # Amount
	NAME	Dr. Azalia V.		Accept # Another
				Date Processed
		NICKNAME LAST	SUFF	
		Martinez		Date Imaged
		Warthez		
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; S	TATE; ZIP CODE
ľ	TREASURER	1301 Montana		
	STREET ADDRESS	1301 Montana		
	(Residence or Business)			
		El Paso, TX 79902		
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S	TATE; ZIP CODE
	TREASURER MAILING	1301 Montana		
	ADDRESS			
	Change of Address	El Paso, TX 79902		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
	TREASURER PHONE	(915) 533-0940		
9	REPORT TYPE	Monthly	└── 10th day after campaign	
		X Monthly	L treasurer termination	Dissolution (Attach PAC-DR)
10	MONTHLY			
	REPORT FILING DEADLINE	January 5 April	5 July 5	October 5
	DEADEINE	February 5 May	5 August 5	November 5
		March 5 X June	5 September 5	December 5
11	. PERIOD	Month Day Year	HROUGH Month	Day Year
	COVERED	04/26/2024	05/25	/2024
		GO 1	O PAGE 2	
	rms provided by Tex	as Ethics Commission www.et	hics.state.tx.us	Version V4.1.0.d378aba0

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
El Paso County Medical	Society - PAC		0005271	6
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 IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	180.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	5,234.03
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Dr. Azalia	V. Martinez	
		Signature of Car	mpaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	icer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

FORM MPAC COVER SHEET PG 3

3 of 5

17 COMMITTE	(Ethics Commission Filers)		
El Paso C	ounty Medical Society - PAC	00052716	
19 SCHEDUL	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 180.00
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 CORPORAL	TION 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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 500.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - MPAC

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 3 Filer ID (Ethics Commission Filers) 2 FILER NAME El Paso County Medical Society - PAC 00052716 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 05/08/2024 \$180.00 Vexler, Sandra (Dr.) 6 Contributor address; City; State; Zip Code El Paso, TX 79912 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Doctor

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By	Food/Beverage Expense Polling Expense Travel in District
Candidate/Officeholder/Politica	al 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	El Paso County Medical Society - PAC 00052716
4 Date	5 Payee name
05/24/2024	Chavez, Norma (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	824 Bolivia Street
Expenditure from corporate funds	El Paso, TX 79903
8 PURPOSE	
0 PORPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
	Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
•	