

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM MPAC  
COVER SHEET PG 1**

|   |  |   |  |                |
|---|--|---|--|----------------|
| <b>The MPAC Instruction Guide explains how to complete this form.</b>                         |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00055755 | <b>2</b> Total pages filed:<br>5                           |                |
| <b>3</b> COMMITTEE NAME<br>Dallas County Medical Society PAC                                  |  |   | <b>OFFICE USE ONLY</b>                                     |                |
|   |  |   | Date Received<br><b>ELECTRONICALLY FILED</b><br>07/08/2024 |                |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>DCMS<br>2611 Fairmount St<br>Dallas, TX 75201   |   | Date Hand-delivered or Date Postmarked                     |                |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR  | FIRST   | MI   | Receipt #      |
|   |  | Gabriela  |  | Amount         |
|   | NICKNAME   | LAST  | SUFFIX   | Date Processed |
|   |  | Uquillas  |  | Date Imaged    |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>2611 Fairmount St<br>Dallas, TX 75201   |   |  |                |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>140 East 12th Street<br>Dallas, TX 75205   |   |  |                |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION  |                |
|   |  | (214) 413-1426  |  |                |
| <b>9</b> REPORT TYPE  | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)  |   |  |                |
| <b>10</b> MONTHLY REPORT FILING DEADLINE  | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input checked="" type="checkbox"/> July 5 <input type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 |   |  |                |
| <b>11</b> PERIOD COVERED  | Month    Day    Year   |   | Month    Day    Year                                       |                |
|   | 05/26/2024   |   | THROUGH 06/25/2024   |                |

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>Dallas County Medical Society PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00055755 |
|---|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |   |    |           |
|-------------------------------|---|----|-----------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ | 0.00      |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ | 49.47     |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ | 0.00      |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ | 0.00      |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ | 33,611.11 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ | 0.00      |

**16 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.

Gabriela Uquillas  
\_\_\_\_\_  
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

**SUBTOTALS - MPAC**

|   |   |                                |                            |
|---|---|--------------------------------|----------------------------|
| <b>17 COMMITTEE NAME</b><br>Dallas County Medical Society PAC |   | <b>18 Filer ID</b><br>00055755 | (Ethics Commission Filers) |
| <b>19 SCHEDULE SUBTOTALS</b>                                  |   |                                | <b>SUBTOTAL AMOUNT</b>     |
|   | <b>NAME OF SCHEDULE</b>   |                                |                            |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$                             | 49.47                      |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$                             |                            |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                             |                            |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$                             |                            |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$                             |                            |
| 6.  | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$                             |                            |
| 7.  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$                             |                            |
| 8.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$                             |                            |
| 9.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                             |                            |
| 10.   | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                         | \$                             |                            |
| 11.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                             |                            |
| 12.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                             |                            |
| 13.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$                             |                            |
| 14.   | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS           | \$                             | 2,554.00                   |
| 15.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                             |                            |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/5   |
| <b>2</b> FILER NAME<br>Dallas County Medical Society PAC                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055755 |
| <b>4</b> Date<br>06/15/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aliano Messina M.D., Kristen<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Frisco, TX 75034-6875 | <b>7</b> Amount of Contribution (\$)<br><br>\$0.17       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>06/15/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Dossett M.D., Lucy<br><hr/> Contributor address; City; State; Zip Code<br><br>Roanoke, TX 76262-0619                            | Amount of Contribution (\$)<br><br>\$7.00                |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |
| Date<br>06/15/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Patel M.D., Amit<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75219-4301                               | Amount of Contribution (\$)<br><br>\$0.30                |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |
| Date<br>06/21/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Patel M.D., Rikin<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75039-3838                              | Amount of Contribution (\$)<br><br>\$42.00               |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| 1 Total pages Schedule I:<br>Sch: 1/1 Rpt: 5/5   | 2 FILER NAME<br>Dallas County Medical Society PAC  | 3 Filer ID (Ethics Commission Filers)<br>00055755   |
| 4 Date<br>05/30/2024   | 5 Payee name<br>Dallas County Medial Society   |   |
| 6 Amount (\$)<br><br>9.23<br><input type="checkbox"/> Expenditure from corporate funds   | 7 Payee Address; City; State; Zip<br>2611 Fairmount St<br><br>Dallas, TX 75201               |   |
| <b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See instructions for examples of acceptable categories)<br>Accounting/Banking  | (b) Description (See instructions regarding type of information required.)<br>Admin expenses                    |
| Date<br>05/31/2024   | Payee name<br>Dallas County Medial Society   |   |
| Amount (\$)<br><br>2,544.77<br><input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip<br>2611 Fairmount St<br><br>Dallas, TX 75201                 |   |
| <b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See instructions for examples of acceptable categories)<br>Advertising Expense | (b) Description (See instructions regarding type of information required.)<br>Dallas Medial Journal advertising |