FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016755 3 COMMITTEE NAME **OFFICE USE ONLY** Texas College Of Emergency Physicians PAC Date Received **ELECTRONICALLY FILED** 07/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 401 West 15th Street, Suite 695 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard NAME NICKNAME LAST **SUFFIX** Robinson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 401 W. 15th Street, Suite 695 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 401 W. 15th Street, Suite 695 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 306-0605 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 02/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 File	· ID	(Ethics Commission Filers)
Texas College Of Emerg	ency Physicians PAC			16755	,
4 COMMITTEE	1. Candidates	A. Supported	l		
	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
<u> </u>	2. Measures	A. Supported			
	Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHE OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	R THAN	\$	0.00
<u> </u>	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF	LOANS)	\$	18,650.82
EXPENDITURE ;	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
-	4. TOTAL POLITICA	L EXPENDITURES		\$	462.23
CONTRIBUTION ! BALANCE	5. TOTAL POLITICAL O	CONTRIBUTIONS MAINTAINED AS OF G PERIOD	THE LAST DAY	\$	154,289.19
OUTSTANDING (LOAN TOTALS		MOUNT OF ALL OUTSTANDING LOA REPORTING PERIOD	NS AS OF THE	\$	0.00
6 AFFIDAVIT				l	
		I swear, or affirm, under p true and correct and inclu under Title 15, Election C	des all information r		
			M. Birland Bali		
		Sign	Mr. Richard Robi		rer
AFFIX NOTARY S	STAMP / SEAL ABOVE	Olyi	latare or Campaign	Treasar	
Sworn to and authoribed h	oforo mo, butbo coid		thia th a		dov
		which, witness my hand and seal of offic			day
U,	, to certary t	mich, whitess my hand and sear of office	c.		
Signature of officer adm		Printed name of officer administering oa			er administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					3 of 43
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commissi	on Filers)
Tex	kas Co	lege Of Emergency Physicians PAC	00016755		,
		E SUBTOTALS			
l		SCHEDULE		SUBTOTAL	AMOUNT
L					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	16,180.63
				<u> </u>	-,
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		6	
۷.	Ш	SCHEDOLE AZ. NON-MONETART (IN-RIND) FOLTICAL CONTRIBUTIONS		\$	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
		COLIED II E C1. MONETARY CONTRIBUTIONS FROM CORROBATION OR LARG	ND.		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	JK	\$	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
		LABOR ORGANIZATION			
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ΔΝΙΖΔΤΙΩΝ	\$	1,997.67
0.		SCHEDOLE CS. MONETAKT SUFFORTT NOW CORFORATION OR EABOR ORG	ANIZATION	Þ	1,997.07
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	X	ORGANIZATION		\$	472.52
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
				<u> </u>	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	6	462.23
10.		SCHEDOLETT. FOLITICAL EXPENDITORES FROM FOLITICAL CONTRIBOTION	3	\$	402.23
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
•	Ш	CONTENDED IN NORTH CENTRAL EXAMPLES FROM FOR CONTROL CONTROL	3.10	Ψ	
4.5		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED		
15.	Ш	TO FILER		\$	
				1	
l					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 1/36 Rpt: 4/43	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 04/05/2024	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	5	San Antonio, TX 78248-2409				
8	Principal occu Physician	pation / Job title (See Instructions) 9	Employer (See Instructions)		
	Date 06/07/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu Physician	Manvel, TX 77578-1641 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#: Amro, Moath Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
		Houston, TX 77008-1736 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:Amro, Moath Contributor address; City; State; Zip Code Houston, TX 77008-1736)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Amro, Moath Contributor address; City; State; Zip Code Houston, TX 77008-1736)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u> </u>				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 2/36 Rpt: 5/43	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PA	С		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 06/07/2024	5 Full name of contributor Amro, Moath6 Contributor address; City; State			7	Amount of Contribution (\$)	\$8.33
		Houston, TX 77008-1736					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 05/09/2024	Full name of contributor Anest, Trisha Contributor address; City; State	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78733-6311 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Physician	cation, cos tito (coo monactio)			,		
	Date 05/09/2024	Full name of contributor Armstrong, Brent Alan Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$100.00
		McKinney, TX 75072-4176					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/07/2024	Full name of contributor Averick, Rauvan M Contributor address; City; State Houston, TX 77071-2015	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$8.37
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor Averick, Rauvan M Contributor address; City; State Houston, TX 77071-2015	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/36 Rpt: 6/43	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 05/09/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$8.33
_	Dringing Logg	Houston, TX 77071-2015	2. Employer (See Instructions			
8	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Averick, Rauvan M Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Principal occu	Houston, TX 77071-2015 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	oalion / 300 title (See instructions)	Employer (See instructions	')		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#: Bassett, Aaron Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Amarillo, TX 79124-4949				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Bassett, Aaron Contributor address; City; State; Zip Code Amarillo, TX 79124-4949)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/36 Rpt: 7/43	
2	FILER NAME Texas Colle	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#:_ Bassett, Aaron 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$8.33
_	Dringing! goog	Amarillo, TX 79124-4949	D. Employer (See Instructions			
8	Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/07/2024	Full name of contributor			Amount of Contribution (\$)	\$8.33
	Principal occu	Coppell, TX 75019-4188 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	,		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Bednar, Marian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
		Coppell, TX 75019-4188				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_Bednar, Marian Contributor address; City; State; Zip Code Coppell, TX 75019-4188)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_Bednar, Marian Contributor address; City; State; Zip Code Coppell, TX 75019-4188)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/36 Rpt: 8/43	
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 03/07/2024	5 Full name of contributor out-of-state PAC (ID#:_ Beeson, Michelle Abrams 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
_	District	Cleburne, TX 76031-7800				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Beeson, Michelle Abrams Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing age	Cleburne, TX 76031-7800	Employer (Con Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Bell, Atiba E Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
		Katy, TX 77450-8508				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_Bentz, Alan E Contributor address; City; State; Zip Code Houston, TX 77024-7712)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_Blankenship, Alan Lane Contributor address; City; State; Zip Code Mansfield, TX 76063-3461			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/36 Rpt: 9/43	
2	FILER NAME Texas Colleç	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 04/05/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
		Mansfield, TX 76063-3461				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Blankenship, Alan Lane Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Principal occu	Mansfield, TX 76063-3461 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Blankenship, Alan Lane Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
		Mansfield, TX 76063-3461				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Bleier, Joseph Tracy Contributor address; City; State; Zip Code Greenville, TX 75402-5496)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#: Brown, Lynn Alan Contributor address; City; State; Zip Code Celina, TX 75009-2855			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
		'				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/36 Rpt: 10/43	
2	FILER NAME Texas Colleç	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 05/09/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_	Deignigal	Houston, TX 77056-1420	O Franks ver (Cas Instructions			
8	Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/07/2024	Full name of contributor			Amount of Contribution (\$)	\$0.83
	Dringing! goog	Cibolo, TX 78108-3343	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Carter, Stephen A Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$0.83
		Cibolo, TX 78108-3343				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_ Carter, Stephen A Contributor address; City; State; Zip Code Cibolo, TX 78108-3343			Amount of Contribution (\$)	\$0.83
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Carter, Stephen A Contributor address; City; State; Zip Code Cibolo, TX 78108-3343			Amount of Contribution (\$)	\$0.87
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u>'</u>				

	MONEI	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/36 Rpt: 11/43	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Colleg	e Of Emergency Physicians PAC			00016755	
4	Date 05/09/2024	 Full name of contributor uut-of-state PAC (ID# Chapa, Phillip Edward Contributor address; City; State; Zip Code 	<u>:</u>)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Decatur, TX 76234-1085 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 		
	Physician	,		•		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID# Charles, Marvinia Contributor address; City; State; Zip Code	<u></u>	•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75204-3815				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID# Chase, Jeffrey A Contributor address; City; State; Zip Code	<u>; </u>	•	Amount of Contribution (\$)	\$25.00
		Fort Worth, TX 76126-5194				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID# Chilton, R Lee Contributor address; City; State; Zip Code Austin, TX 78757-3241	<u>; </u>		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID# Chopra, Liza P Contributor address; City; State; Zip Code San Antonio, TX 78230-5653	<u>; </u>		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/36 Rpt: 12/43	
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	on Filers)
4	Date 03/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
_		Granbury, TX 76049-4463	5 1 (0 1 1 1			
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor			Amount of Contribution (\$)	\$8.33
	Principal occu	Granbury, TX 76049-4463 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Clark, Gary R Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Principal occu	Granbury, TX 76049-4463 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	,				
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Clark, Gary R Contributor address; City; State; Zip Code Granbury, TX 76049-4463)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#: Cornelius, Angela Contributor address; City; State; Zip Code Burleson, TX 76028)		Amount of Contribution (\$)	\$1,200.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 10/36 Rpt: 13/43	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 03/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$2.08
_	5	Austin, TX 78737-4689	10 5 1 10 11 11	Ĺ		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (IE Cox, Stephen Brooke Contributor address; City; State; Zip Code) 		Amount of Contribution (\$)	\$2.08
		Austin, TX 78737-4689		Ĺ		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (IE Cox, Stephen Brooke Contributor address; City; State; Zip Code)#)		Amount of Contribution (\$)	\$2.08
		Austin, TX 78737-4689				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (IE Cox, Stephen Brooke Contributor address; City; State; Zip Code Austin, TX 78737-4689	D#:)		Amount of Contribution (\$)	\$2.08
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (IED 'Etienne, James P Contributor address; City; State; Zip Code Dallas, TX 75230-3434)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/36 Rpt: 14/43	
2	FILER NAME Texas Colleç	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 03/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
_		Austin, TX 78735-6244				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/05/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	Austin, TX 78735-6244 pation / Job title (See Instructions)	Employer (See Instructions	j)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_ DeWaal, Craig T Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
	Principal occu	Austin, TX 78735-6244 pation / Job title (See Instructions)	Employer (See Instructions	.) 		
	Physician			,		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: DeWaal, Craig T Contributor address; City; State; Zip Code Austin, TX 78735-6244)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_ Degioanni, Joseph J Contributor address; City; State; Zip Code Washington, TX 77880-6498			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/36 Rpt: 15/43	
2	FILER NAME Texas Colle	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commissio 00016755	n Filers)
4	Date 04/05/2024	 Full name of contributor out-of-state PAC (ID#:_ Diamond, David S Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Discipal	Corinth, TX 76210-2861	D. Faralana (Garalantina)			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_ Ejesieme, Nnenna Cynthia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Dallas, TX 75209-5224 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	pation 7 oob title (oce mondellons)	Employer (See mandenons	,		
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#:_ Fite, Diana Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3,000.00
		Magnolia, TX 77355				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_Ford, Jonathan R Contributor address; City; State; Zip Code Colleyville, TX 76034-7502			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_Foster, Paul A Contributor address; City; State; Zip Code Austin, TX 78704-4235			Amount of Contribution (\$)	\$12.50
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/36 Rpt: 16/43	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 03/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
_	5	Dallas, TX 75214-3119	To 5 1 (0 1 1 1)	_		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID# Gagnon, Garry F Contributor address; City; State; Zip Code	<u>; </u>	•	Amount of Contribution (\$)	\$8.33
	Delicalization	Dallas, TX 75214-3119	Torribuse (Conditions			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID# Gagnon, Garry F Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$8.33
		Dallas, TX 75214-3119				
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID# Gagnon, Garry F Contributor address; City; State; Zip Code Dallas, TX 75214-3119	·:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID# Galatzan, Leigh Stewart Contributor address; City; State; Zip Code Austin, TX 78738-6781	<u>; </u>		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/36 Rpt: 17/43	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 05/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_		Corpus Christi, TX 78405				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Michael G Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Dringing! goog	Houston, TX 77008-7058	Employer (See Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#:_ Goodloe, Jeffrey Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Tulsa, OK 74137				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_ Gratton, James Contributor address; City; State; Zip Code McAllen, TX 78504-2198)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_Green, Woody Contributor address; City; State; Zip Code Austin, TX 78757-6920			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 15/36 Rpt: 18/43	
2	FILER NAME Texas Colleç	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	ı Filers)
4	Date 03/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
8	Principal occu	Irving, TX 75063-3357	Employer (See Instructions	.)		
0	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	')		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Gupta, Sandeep K Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
		Irving, TX 75063-3357	1			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Gupta, Sandeep K Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Irving, TX 75063-3357				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_Gupta, Sandeep K Contributor address; City; State; Zip Code Irving, TX 75063-3357			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#:_Hancock, Robert Contributor address; City; State; Zip Code Roanoke, TX 76262			Amount of Contribution (\$)	\$600.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
			'			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/36 Rpt: 19/43	
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 05/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Daine in all a con-	Lorena, TX 76655-3630	2. England (Carlo Instruction			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Heimbecker, Daniel A Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	San Angelo, TX 76904-2711 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician					
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#: Helbling, Antonia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,200.00
		San Antonio, TX 78213				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#: Huff, Emmett Sterling Contributor address; City; State; Zip Code San Antonio, TX 78253-5467			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		1				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/36 Rpt: 20/43	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	ı Filers)
4	Date 03/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
•	Dringing aggu	Trophy Club, TX 76262-5421	Employer (See Instructions			
8	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Katan, Brian Scott Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Trophy Club, TX 76262-5421 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Katan, Brian Scott Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Katan, Brian Scott Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Kerbow, Shelby Contributor address; City; State; Zip Code Georgetown, TX 78628-6971			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/36 Rpt: 21/43	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 03/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$41.67
_	Deireitaal	Dallas, TX 75208	. Familia de l'Ocalia de tractica			
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	Nacogdoches, TX 75965-2415 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#: Knowles, Heidi C Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	Forney, TX 75126-5825 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Knowles, Heidi C Contributor address; City; State; Zip Code Forney, TX 75126-5825)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Knowles, Heidi C Contributor address; City; State; Zip Code Forney, TX 75126-5825			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/36 Rpt: 22/43
2	FILER NAME Texas Collec	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission Filers) 00016755
4	Date 06/07/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$8.33
_	Deinsinal	Forney, TX 75126-5825	O Frankrick (October treatment)		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 04/22/2024	Full name of contributor)		Amount of Contribution (\$) \$1,200.00
	Principal occu	Forney, TX 75126 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Physician	,			
	Date 03/07/2024	Full name of contributor			Amount of Contribution (\$) \$25.00
		Nederland, TX 77627-4870			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_ Ledig, Erik O Contributor address; City; State; Zip Code Fort Worth, TX 76108-8912			Amount of Contribution (\$) \$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_ Leeson, Kimberly Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2718)		Amount of Contribution (\$) \$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()	
		·			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 20/36 Rpt: 23/43	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	ı Filers)
4	Date 03/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
8	Principal occu	Northlake, TX 76247-1530 pation / Job title (See Instructions)	Employer (See Instructions			
0	Physician	sation 7 300 title (See instructions)	Employer (See Instructions	,		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$8.33
	Dringing agg	Northlake, TX 76247-1530	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Lilly, Travis K Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
		Northlake, TX 76247-1530				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:Lilly, Travis K Contributor address; City; State; Zip Code Northlake, TX 76247-1530			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:Lund, Howard W Contributor address; City; State; Zip Code Fort Worth, TX 76107-1010)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 21/36 Rpt: 24/43	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 06/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_		Keller, TX 76248-3025				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Magoon, Michael R Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78209-2253 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician	,	. , ,	,		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Malone, Edwin R Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Spring, TX 77386-4936				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 22/36 Rpt: 25/43	
2	FILER NAME Texas Colleç	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 04/05/2024	 Full name of contributor out-of-state PAC (ID# Marquez, Otto J Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$8.33
_		Dallas, TX 75214-3559		_		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID# Marquez, Otto J Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
	Deinsinal assu	Dallas, TX 75214-3559	Frankrija (Caa kastrijatia na	<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID# Marquez, Otto J Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
		Dallas, TX 75214-3559				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID# Martinez, Oscar Contributor address; City; State; Zip Code Cypress, TX 77429-6957)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID# Martinez, Oscar Contributor address; City; State; Zip Code Cypress, TX 77429-6957	:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/36 Rpt: 26/43	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 05/09/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
		Cypress, TX 77429-6957				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Martinez, Oscar Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Principal occu	Cypress, TX 77429-6957 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician					
	Date 06/07/2024	Full name of contributor			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75252-5129				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_McCarthy, Terence J Contributor address; City; State; Zip Code Fort Worth, TX 76114-1256)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Meek, Craig Contributor address; City; State; Zip Code Plano, TX 75024-0201)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/36 Rpt: 27/43	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 03/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
_		Longview, TX 75601-3567				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Mendenhall, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	<u> </u>	Longview, TX 75601-3567				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Mendenhall, Brian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
		Longview, TX 75601-3567				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Mendenhall, Brian Contributor address; City; State; Zip Code Longview, TX 75601-3567			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		1				

	MONET	ARY POLITICAL CONTRIBU	ITIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 25/36 Rpt: 28/43	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commissio 00016755	n Filers)
4	Date 06/07/2024	 Full name of contributor out-of-state PAC Metz, Rachel L Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_		San Antonio, TX 78260-6293	1	Ĺ		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instruction:	s)		
	Date 05/09/2024	Full name of contributor out-of-state PAC Nance, Brenna J Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Dallas, TX 75204-7413	Frankrian (Cook lastrustian	<u>-</u>		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction:	S)		
	Date 05/09/2024	Full name of contributor out-of-state PAC Nelson, David Bradford Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$100.00
	Dringing ogg	Dallas, TX 75229-5056	Employer (See Instruction:	<u>e)</u>		
	Physician	pation / Job title (See Instructions)	Employer (See Instructions	3)		
	Date 04/05/2024	Full name of contributor out-of-state PAC O'Connor, Daniel B Contributor address; City; State; Zip Code Spring, TX 77380-4019	C (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Date 03/11/2024	Full name of contributor out-of-state PAC Parsa, Michael Contributor address; City; State; Zip Code El Paso, TX 79922	C (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction	s)		
			·			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 26/36 Rpt: 29/43
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission Filers) 00016755
4	Date 05/09/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$1,200.00
_	Deinsinal assu	Fort Worth, TX 76244-6462	2. Evanlavar (Can Instructions		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Phariss, Chase Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25.00
	Delicalization	Fort Worth, TX 76109-2617	Formula van (Cara la atmustia a		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Pinnow, Jeffery M Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25.00
		Odessa, TX 79765-8006			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:Popat, Rajan U Contributor address; City; State; Zip Code Richmond, TX 77407-2487			Amount of Contribution (\$) \$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:Pugh, George-Thomas M Contributor address; City; State; Zip Code San Antonio, TX 78248-1715)		Amount of Contribution (\$) \$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/36 Rpt: 30/43	
2	FILER NAME Texas Colle	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	on Filers)
4	Date 03/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
_	<u> </u>	Frisco, TX 75034-2315				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Pumarejo Gomez, Laura Sofia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Frisco, TX 75034-2315				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_ Pumarejo Gomez, Laura Sofia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Frisco, TX 75034-2315				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Pumarejo Gomez, Laura Sophia Contributor address; City; State; Zip Code Frisco, TX 75034-2315			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson, Richard Contributor address; City; State; Zip Code Fort Worth, TX 76102			Amount of Contribution (\$)	\$1,200.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 28/36 Rpt: 31/43	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 03/07/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Greenville, TX 75402-2824 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
_	Physician		Employer (See Instituctions	_		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Rose, Jackie Lee Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Greenville, TX 75402-2824 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	salion, cos uno (coo mondotono)	Employer (eee medactions			
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#: Rucker, Ebony R Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
	Dringing agg	El Paso, TX 79934-2300	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See instructions)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Rucker, Ebony R Contributor address; City; State; Zip Code El Paso, TX 79934-2300			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 29/36 Rpt: 32/43	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 06/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
_	5	El Paso, TX 79934-2300				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 05/09/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	Taylor Lake Village, TX 77586-4528 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#: Sabatini, Collin J Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	Houston, TX 77005-3130 pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Sabatini, Collin J Contributor address; City; State; Zip Code Houston, TX 77005-3130			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Sabatini, Collin J Contributor address; City; State; Zip Code Houston, TX 77005-3130			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/36 Rpt: 33/43	
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC			Filer ID (Ethics Commission 00016755	n Filers)
4	Date 04/05/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	Poincia di con	Allen, TX 75002-2621				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_ Sheena, Douglas A Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
	Dringing ago	Dallas, TX 75206-0500	Employer (Con Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Sheena, Douglas A Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
		Dallas, TX 75206-0500				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Shipkey, Gregory M Contributor address; City; State; Zip Code Flower Mound, TX 75022-6540)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_Siciliano, Genine Contributor address; City; State; Zip Code Plano, TX 75074-0158)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 31/36 Rpt: 34/43	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	ı Filers)
4	Date 05/09/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78209-2939				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#: Stacks, Kevin B Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
	Principal occu	Denison, TX 75020-0775 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician		p.oyo. (eeeoacacae.e	,		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Stacks, Kevin B Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
		Denison, TX 75020-0775				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:Stacks, Kevin B Contributor address; City; State; Zip Code Denison, TX 75020-0775			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:Stacks, Kevin B Contributor address; City; State; Zip Code Denison, TX 75020-0775			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/36 Rpt: 35/43	
2	FILER NAME Texas Colle	ge Of Emergency Physicians PAC			Filer ID (Ethics Commission 00016755	n Filers)
4	Date 06/07/2024	5 Full name of contributor out-of-state PAC (ID#:_ Stucka, Kristy Renee 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
_	Discipal	Dallas, TX 75225-7653	O Frankrica (Con Instruction			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/22/2024	Full name of contributor out-of-state PAC (ID#:_Sumrall, Joseph Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Dringing age	Midlothian, TX 76065	Employer (Co.) Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_ Swickhamer, Connie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Southlake, TX 76092-3854				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_ Tarpley, Malia Contributor address; City; State; Zip Code Georgetown, TX 78626-1581			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Taylor, Charles Jensen Contributor address; City; State; Zip Code Aledo, TX 76008-1318			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 33/36 Rpt: 36/43	
2	FILER NAME Texas Colleç	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 03/07/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1.67
		Houston, TX 77024-7808				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Thomas, Jacob Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.67
	Principal occu	Houston, TX 77024-7808 pation / Job title (See Instructions)	Employer (See Instructions) 		
	Physician	pation / Job title (See Instructions)	Employer (See manuchons	')		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Thomas, Jacob Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.63
		Houston, TX 77024-7808				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#: Thomas, Jacob Contributor address; City; State; Zip Code Houston, TX 77024-7808)		Amount of Contribution (\$)	\$1.67
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Thompson, Jeffrey B Contributor address; City; State; Zip Code Beaumont, TX 77726-2779			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 34/36 Rpt: 37/43	=
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission Filers) 00016755	
4	Date 05/09/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$25.0	– ၁
•	Dringing Lagge	Richardson, TX 75082-5604	Fmplover (Coo Instructions			
8	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/22/2024	Full name of contributor)		Amount of Contribution (\$) \$1,200.0	0
	Principal occu	Lubbock, TX 79423 pation / Job title (See Instructions)	Employer (See Instructions)		_
	Physician					
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#: Tull, Jonathan Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$8.3	3
	Dringing aggr	Houston, TX 77004-1255	Employer (Coo Instructions			_
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: Tull, Jonathan Contributor address; City; State; Zip Code Houston, TX 77004-1255)		Amount of Contribution (\$) \$8.3	3
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		_
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Tull, Jonathan Contributor address; City; State; Zip Code Houston, TX 77004-1255)		Amount of Contribution (\$) \$8.3	3
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		_
		<u>'</u>				

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 35/36 Rpt: 38/43		
2	FILER NAME Texas Colleg	E ege Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)	
4	Date 06/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.37	
_		Houston, TX 77004-1255					
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)			
Date 03/07/2024		Full name of contributor out-of-state PAC (ID#:_ Walker, Kara K Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Dallas, TX 75204-2840 pation / Job title (See Instructions)	Employer (See Instructions)			
	Physician	sation, con the (occ manachons)	Employer (See mondeners	,			
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:) Whitten, David N Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Texarkana, TX 75503-1906					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) Xiong, Tanya Contributor address; City; State; Zip Code Houston, TX 77004-5933			Amount of Contribution (\$)	\$25.00		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#: de Moor, Carrie Contributor address; City; State; Zip Code Frisco, TX 75034-8353			Amount of Contribution (\$)	\$25.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
		<u>'</u>					

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 36/36 Rpt: 39/43
2	FILER NAME Texas College Of Emergency Physicians PAC			3 Filer ID (Ethics Commission Filers) 00016755
4	Date 06/07/2024	 Full name of contributor	7 Amount of Contribution (\$) \$25.00	
	Frisco, TX 75034-8353			
8	Principal occu Physician	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 40/43		
2	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Texas Colleg	ge Of Emergency Physicians PAC		00016755	
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)	
	03/07/2024	American College of Emergency Physicians			20.89
	Date	Corporation / Labor Organization name		Amount (\$)	
L	04/05/2024	American College of Emergency Physicians			32.76
	Date	Corporation / Labor Organization name		Amount (\$)	
	05/09/2024	American College of Emergency Physicians			88.76
Г	Date	Corporation / Labor Organization name		Amount (\$)	
L	06/07/2024	American College of Emergency Physicians			30.26
Г	Date	Corporation / Labor Organization name		Amount (\$)	
L	03/08/2024	Texas College of Emergency Physicians			1,825.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

_						
	The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 41/43			
2	2 FILER NAME			Filer ID	(Ethics Commission Filers)	
	Texas College Of Emergency Physicians PAC			00016755		
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)		
L	03/31/2024	Texas College of Emergency Physicians			<u> </u>	118.13
Г	Date	Corporation / Labor Organization name		Amount (\$)		
L	04/30/2024	Texas College of Emergency Physicians			:	118.13
	Date	Corporation / Labor Organization name		Amount (\$)		
	05/31/2024	Texas College of Emergency Physicians				118.13
Г	Date	Corporation / Labor Organization name		Amount (\$)		
	06/30/2024	Texas College of Emergency Physicians				118.13

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 42/43	Texas College Of Emergency Physicians PAC 00016755
4 Date	5 Payee name
03/07/2024	Degioanni, Joseph J
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.00	18202 Bosse Road
,	
Expenditure from	Weshington, TV 77000 0400
corporate funds	Washington, TX 77880-6498
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Refund of contribution received.
	Returns of Continuation received.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beriefft C/Oi	
Date	Payee name
03/01/2024	Payscape
Amount (\$)	Payee address; City; State; Zip Code
\$37.02	1438 West Peachtree Street NW
Ψ37.02	1450 West Federale Street IVW
Expenditure from	
corporate funds	Atlanta, GA 30309
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Processing fees for online/credit card contributions to committee.
	Committee.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/01/2024	Payscape
Amount (\$)	Payee address; City; State; Zip Code
\$18.32	1438 West Peachtree Street NW
Φ10.32	1400 West Feachinee Sheet INW
Expenditure from	
corporate funds	Atlanta, GA 30309
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Processing fees for online/credit card contributions to committee.
	Committee.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 43/43	Texas College Of Emergency Physicians PAC 00016755
4 Date	5 Payee name
05/01/2024	Payscape
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$368.27	1438 West Peachtree Street NW
Expenditure from corporate funds	Atlanta, GA 30309
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Processing fees for online/credit card contributions t
	committee.
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/03/2024	Payscape
Amount (\$)	Payee address; City; State; Zip Code
\$13.62	1438 West Peachtree Street NW
Expenditure from corporate funds	Atlanta, GA 30309
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Processing fees for online/credit card contributions t
	committee.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	