

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00016755	<b>2</b> Total pages filed: 43
<b>3</b> COMMITTEE NAME Texas College Of Emergency Physicians PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/15/2024	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 West 15th Street, Suite 695  Austin, TX 78701		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Richard	
		NICKNAME	LAST SUFFIX
			Robinson
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street, Suite 695  Austin, TX 78701		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street, Suite 695  Austin, TX 78701		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street, Suite 695  Austin, TX 78701		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th Street, Suite 695  Austin, TX 78701		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	306-0605	
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
<b>10</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	02/25/2024		06/30/2024
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas College Of Emergency Physicians PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00016755
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (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> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,650.82
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 462.23
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 154,289.19
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.

Mr. Richard Robinson  
\_\_\_\_\_  
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 - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 43

<b>17 COMMITTEE NAME</b> Texas College Of Emergency Physicians PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00016755
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,180.63
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 checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,997.67
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 472.52
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 462.23
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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: Sch: 1/36 Rpt: 4/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 04/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abrams, Sal J <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78248-2409	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adesina, Adedoyin <hr/> Contributor address; City; State; Zip Code  Manvel, TX 77578-1641	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amro, Moath <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-1736	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amro, Moath <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-1736	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amro, Moath <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-1736	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/36 Rpt: 5/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 06/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amro, Moath <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008-1736	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anest, Trisha <hr/> Contributor address; City; State; Zip Code  Austin, TX 78733-6311	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armstrong, Brent Alan <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75072-4176	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Averick, Rauvan M <hr/> Contributor address; City; State; Zip Code  Houston, TX 77071-2015	Amount of Contribution (\$)  \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Averick, Rauvan M <hr/> Contributor address; City; State; Zip Code  Houston, TX 77071-2015	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/36 Rpt: 6/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Averick, Rauvan M <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77071-2015	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Averick, Rauvan M <hr/> Contributor address; City; State; Zip Code  Houston, TX 77071-2015	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bassett, Aaron <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79124-4949	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bassett, Aaron <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79124-4949	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bassett, Aaron <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79124-4949	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/36 Rpt: 7/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 06/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bassett, Aaron <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79124-4949	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bednar, Marian <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-4188	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bednar, Marian <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-4188	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bednar, Marian <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-4188	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bednar, Marian <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019-4188	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/36 Rpt: 8/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beeson, Michelle Abrams <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cleburne, TX 76031-7800	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beeson, Michelle Abrams <hr/> Contributor address; City; State; Zip Code  Cleburne, TX 76031-7800	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Atiba E <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450-8508	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bentz, Alan E <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-7712	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blankenship, Alan Lane <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063-3461	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/36 Rpt: 9/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 04/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blankenship, Alan Lane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mansfield, TX 76063-3461	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$8.33</span>
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blankenship, Alan Lane <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063-3461	Amount of Contribution (\$) <span style="float:right">\$8.33</span>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blankenship, Alan Lane <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063-3461	Amount of Contribution (\$) <span style="float:right">\$8.33</span>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bleier, Joseph Tracy <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75402-5496	Amount of Contribution (\$) <span style="float:right">\$100.00</span>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Lynn Alan <hr/> Contributor address; City; State; Zip Code  Celina, TX 75009-2855	Amount of Contribution (\$) <span style="float:right">\$100.00</span>
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/36 Rpt: 10/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bublewicz, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056-1420	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Stephen A <hr/> Contributor address; City; State; Zip Code  Cibolo, TX 78108-3343	Amount of Contribution (\$)  \$0.83
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Stephen A <hr/> Contributor address; City; State; Zip Code  Cibolo, TX 78108-3343	Amount of Contribution (\$)  \$0.83
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Stephen A <hr/> Contributor address; City; State; Zip Code  Cibolo, TX 78108-3343	Amount of Contribution (\$)  \$0.83
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter, Stephen A <hr/> Contributor address; City; State; Zip Code  Cibolo, TX 78108-3343	Amount of Contribution (\$)  \$0.87
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/36 Rpt: 11/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chapa, Phillip Edward <hr/> <b>6</b> Contributor address; City; State; Zip Code  Decatur, TX 76234-1085	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charles, Marvinia <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204-3815	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chase, Jeffrey A <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126-5194	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chilton, R Lee <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-3241	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chopra, Liza P <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78230-5653	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/36 Rpt: 12/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Gary R <hr/> <b>6</b> Contributor address; City; State; Zip Code  Granbury, TX 76049-4463	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Gary R <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76049-4463	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Gary R <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76049-4463	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Gary R <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76049-4463	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cornelius, Angela <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028	Amount of Contribution (\$)  \$1,200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/36 Rpt: 13/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cox, Stephen Brooke <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-4689	<b>7</b> Amount of Contribution (\$)  \$2.08
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cox, Stephen Brooke <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4689	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cox, Stephen Brooke <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4689	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cox, Stephen Brooke <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-4689	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) D'Etienne, James P <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-3434	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/36 Rpt: 14/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWaal, Craig T <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78735-6244	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWaal, Craig T <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735-6244	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWaal, Craig T <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735-6244	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeWaal, Craig T <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735-6244	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Degioanni, Joseph J <hr/> Contributor address; City; State; Zip Code  Washington, TX 77880-6498	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/36 Rpt: 15/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 04/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Diamond, David S <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corinth, TX 76210-2861	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ejesieme, Nnenna Cynthia <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75209-5224	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fite, Diana <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77355	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Jonathan R <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034-7502	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, Paul A <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704-4235	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/36 Rpt: 16/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gagnon, Garry F <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214-3119	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gagnon, Garry F <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-3119	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gagnon, Garry F <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-3119	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gagnon, Garry F <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-3119	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Galatzan, Leigh Stewart <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738-6781	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/36 Rpt: 17/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gest, Albert L <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78405	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Michael G <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008-7058	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goodloe, Jeffrey <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74137	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gratton, James <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504-2198	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Woody <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757-6920	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/36 Rpt: 18/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gupta, Sandeep K <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75063-3357	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gupta, Sandeep K <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063-3357	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gupta, Sandeep K <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063-3357	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gupta, Sandeep K <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063-3357	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hancock, Robert <hr/> Contributor address; City; State; Zip Code  Roanoke, TX 76262	Amount of Contribution (\$)  \$600.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/36 Rpt: 19/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hartman, Randy J	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Lorena, TX 76655-3630		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heimbecker, Daniel A	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  San Angelo, TX 76904-2711		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Helbling, Antonia	Amount of Contribution (\$)  \$1,200.00
Contributor address; City; State; Zip Code  San Antonio, TX 78213		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ho, Victor S	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Houston, TX 77024-5034		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huff, Emmett Sterling	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  San Antonio, TX 78253-5467		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/36 Rpt: 20/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Katan, Brian Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Trophy Club, TX 76262-5421	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Katan, Brian Scott <hr/> Contributor address; City; State; Zip Code  Trophy Club, TX 76262-5421	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Katan, Brian Scott <hr/> Contributor address; City; State; Zip Code  Trophy Club, TX 76262-5421	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Katan, Brian Scott <hr/> Contributor address; City; State; Zip Code  Trophy Club, TX 76262-5421	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kerbow, Shelby <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628-6971	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/36 Rpt: 21/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirkland, Jake Timothy	<b>7</b> Amount of Contribution (\$)  \$41.67
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75208		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Klingenberg, Chris L	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Nacogdoches, TX 75965-2415		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knowles, Heidi C	Amount of Contribution (\$)  \$8.33
Contributor address; City; State; Zip Code  Forney, TX 75126-5825		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knowles, Heidi C	Amount of Contribution (\$)  \$8.33
Contributor address; City; State; Zip Code  Forney, TX 75126-5825		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knowles, Heidi C	Amount of Contribution (\$)  \$8.33
Contributor address; City; State; Zip Code  Forney, TX 75126-5825		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/36 Rpt: 22/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 06/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knowles, Heidi C <hr/> <b>6</b> Contributor address; City; State; Zip Code  Forney, TX 75126-5825	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knowles, Heidi C <hr/> Contributor address; City; State; Zip Code  Forney, TX 75126	Amount of Contribution (\$)  \$1,200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Konjoyan, Thomas R <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627-4870	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ledig, Erik O <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76108-8912	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leeson, Kimberly <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413-2718	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/36 Rpt: 23/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lilly, Travis K <hr/> <b>6</b> Contributor address; City; State; Zip Code  Northlake, TX 76247-1530	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lilly, Travis K <hr/> Contributor address; City; State; Zip Code  Northlake, TX 76247-1530	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lilly, Travis K <hr/> Contributor address; City; State; Zip Code  Northlake, TX 76247-1530	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lilly, Travis K <hr/> Contributor address; City; State; Zip Code  Northlake, TX 76247-1530	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lund, Howard W <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-1010	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/36 Rpt: 24/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 06/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lutz, Robert Frank <hr/> <b>6</b> Contributor address; City; State; Zip Code  Keller, TX 76248-3025	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Magoon, Michael R <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-2253	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Malone, Edwin R <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386-4936	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marcantel, Derek L <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546-6145	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marquez, Otto J <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-3559	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/36 Rpt: 25/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 04/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marquez, Otto J <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214-3559	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marquez, Otto J <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-3559	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marquez, Otto J <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-3559	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Oscar <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429-6957	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Oscar <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429-6957	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/36 Rpt: 26/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Oscar <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cypress, TX 77429-6957	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Oscar <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429-6957	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCarthy, Roderick P <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75252-5129	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCarthy, Terence J <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76114-1256	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meek, Craig <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024-0201	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/36 Rpt: 27/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendenhall, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75601-3567	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendenhall, Brian <hr/> Contributor address; City; State; Zip Code  Longview, TX 75601-3567	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendenhall, Brian <hr/> Contributor address; City; State; Zip Code  Longview, TX 75601-3567	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendenhall, Brian <hr/> Contributor address; City; State; Zip Code  Longview, TX 75601-3567	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Metz, Rachel L <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78260-6293	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/36 Rpt: 28/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 06/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Metz, Rachel L <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78260-6293	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nance, Brenna J <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204-7413	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, David Bradford <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75229-5056	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Connor, Daniel B <hr/> Contributor address; City; State; Zip Code  Spring, TX 77380-4019	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parsa, Michael <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79922	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/36 Rpt: 29/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peckenpaugh, Daniel Eugene	<b>7</b> Amount of Contribution (\$) \$1,200.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76244-6462		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phariss, Chase	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2617		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pinnow, Jeffery M	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Odessa, TX 79765-8006		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Popat, Rajan U	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Richmond, TX 77407-2487		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pugh, George-Thomas M	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  San Antonio, TX 78248-1715		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/36 Rpt: 30/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pumarejo Gomez, Laura Sofia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034-2315	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pumarejo Gomez, Laura Sofia <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034-2315	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pumarejo Gomez, Laura Sofia <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034-2315	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pumarejo Gomez, Laura Sophia <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034-2315	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Richard <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76102	Amount of Contribution (\$)  \$1,200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/36 Rpt: 31/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Jackie Lee <hr/> <b>6</b> Contributor address; City; State; Zip Code  Greenville, TX 75402-2824	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Jackie Lee <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75402-2824	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rucker, Ebony R <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79934-2300	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rucker, Ebony R <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79934-2300	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rucker, Ebony R <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79934-2300	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/36 Rpt: 32/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 06/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rucker, Ebony R <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79934-2300	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rumph, Gregory E <hr/> Contributor address; City; State; Zip Code  Taylor Lake Village, TX 77586-4528	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sabatini, Collin J <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-3130	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sabatini, Collin J <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-3130	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sabatini, Collin J <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-3130	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/36 Rpt: 33/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 04/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salazar, Gilberto A <hr/> <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002-2621	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheena, Douglas A <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206-0500	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheena, Douglas A <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206-0500	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shipkey, Gregory M <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75022-6540	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siciliano, Genine <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074-0158	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/36 Rpt: 34/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sletten, Zachary J <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209-2939	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stacks, Kevin B <hr/> Contributor address; City; State; Zip Code  Denison, TX 75020-0775	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stacks, Kevin B <hr/> Contributor address; City; State; Zip Code  Denison, TX 75020-0775	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stacks, Kevin B <hr/> Contributor address; City; State; Zip Code  Denison, TX 75020-0775	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stacks, Kevin B <hr/> Contributor address; City; State; Zip Code  Denison, TX 75020-0775	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/36 Rpt: 35/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 06/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stucka, Kristy Renee <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225-7653	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sumrall, Joseph <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Swickhamer, Connie <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-3854	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tarpley, Malia <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78626-1581	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor, Charles Jensen <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008-1318	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/36 Rpt: 36/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Jacob <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024-7808	<b>7</b> Amount of Contribution (\$)  \$1.67
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Jacob <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-7808	Amount of Contribution (\$)  \$1.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Jacob <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-7808	Amount of Contribution (\$)  \$1.63
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas, Jacob <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024-7808	Amount of Contribution (\$)  \$1.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Jeffrey B <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77726-2779	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/36 Rpt: 37/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 05/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, MacLong T	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$25.00</span>
<b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75082-5604		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Troutman, Gerad	Amount of Contribution (\$) <span style="float:right">\$1,200.00</span>
Contributor address; City; State; Zip Code  Lubbock, TX 79423		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tull, Jonathan	Amount of Contribution (\$) <span style="float:right">\$8.33</span>
Contributor address; City; State; Zip Code  Houston, TX 77004-1255		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tull, Jonathan	Amount of Contribution (\$) <span style="float:right">\$8.33</span>
Contributor address; City; State; Zip Code  Houston, TX 77004-1255		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tull, Jonathan	Amount of Contribution (\$) <span style="float:right">\$8.33</span>
Contributor address; City; State; Zip Code  Houston, TX 77004-1255		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/36 Rpt: 38/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 06/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tull, Jonathan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77004-1255	<b>7</b> Amount of Contribution (\$)  \$8.37
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Kara K <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204-2840	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitten, David N <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75503-1906	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Xiong, Tanya <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004-5933	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) de Moor, Carrie <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034-8353	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/36 Rpt: 39/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 06/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) de Moor, Carrie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034-8353	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

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



# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 41/43
<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016755
<b>4</b> Date 03/31/2024	<b>5</b> Corporation / Labor Organization name Texas College of Emergency Physicians	<b>6</b> Amount (\$) 118.13
Date 04/30/2024	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 05/31/2024	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 06/30/2024	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13

# 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  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 42/43	<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016755
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<b>4</b> Date 03/07/2024	<b>5</b> Payee name Degioanni, Joseph J
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<b>6</b> Amount (\$) \$25.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 18202 Bosse Road  Washington, TX 77880-6498
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of contribution received.
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/01/2024	Payee name Payscape
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Amount (\$) \$37.02  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1438 West Peachtree Street NW  Atlanta, GA 30309
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/01/2024	Payee name Payscape
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Amount (\$) \$18.32  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1438 West Peachtree Street NW  Atlanta, GA 30309
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 43/43	<b>2</b> FILER NAME Texas College Of Emergency Physicians PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016755
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<b>4</b> Date 05/01/2024	<b>5</b> Payee name Payscape
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<b>6</b> Amount (\$) \$368.27  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1438 West Peachtree Street NW  Atlanta, GA 30309
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/03/2024	Payee name Payscape
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Amount (\$) \$13.62  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1438 West Peachtree Street NW  Atlanta, GA 30309
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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