

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016755	2 Total pages filed: 52
3 COMMITTEE NAME Texas College Of Emergency Physicians PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 10/25/2024	
4 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	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Richard		
	NICKNAME LAST SUFFIX Robinson		
6 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		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	306-0605	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day Year 09/26/2024
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE	
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> General	<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

12 COMMITTEE NAME Texas College Of Emergency Physicians PAC	13 Filer ID (Ethics Commission Filers) 00016755
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Brent Hagenbuch State Senator
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,416.29
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,040.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 157,088.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Texas College Of Emergency Physicians PAC		13 Filer ID (Ethics Commission Filers) 00016755
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Bryan Hughes State Senator B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Angie Chen Button State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ann Johnson State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Texas College Of Emergency Physicians PAC		13 Filer ID (Ethics Commission Filers) 00016755
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Cody Harris State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported David Cook State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Drew Darby State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Drew Darby State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Texas College Of Emergency Physicians PAC	13 Filer ID (Ethics Commission Filers) 00016755
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Giovanni Capriglione State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mary Gonzalez State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME Texas College Of Emergency Physicians PAC		18 Filer ID (Ethics Commission Filers) 00016755
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,839.83
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	\$ 1,340.20
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 236.26
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	\$ 11,040.86
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/38 Rpt: 7/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Tony <hr/> 6 Contributor address; City; State; Zip Code Tomball, TX 77375-1994	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrams, Sal J <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-2409	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	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 07/10/2024	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 (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/38 Rpt: 8/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-1736	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	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 08/06/2024	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/38 Rpt: 9/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77071-2015	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Dolores <hr/> Contributor address; City; State; Zip Code Rancho Viejo, TX 78575-9633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baine, Ralph F <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76135-1013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	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 (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/38 Rpt: 10/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Aaron <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79124-4949	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2024	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 (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	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 09/12/2024	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 09/12/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/38 Rpt: 11/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Atiba E	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Katy, TX 77450-8508	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane	Amount of Contribution (\$) \$8.37
	Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothby, Leslie B	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78258-4532	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/38 Rpt: 12/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bower, Kevin R <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063-3658	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Richard Neville <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-7057	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon, Tim <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-7721	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brice, Matthew <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-8982	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bublewicz, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-1420	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/38 Rpt: 13/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A	7 Amount of Contribution (\$) \$0.83
6 Contributor address; City; State; Zip Code Cibolo, TX 78108-3343		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A	Amount of Contribution (\$) \$0.83
Contributor address; City; State; Zip Code Cibolo, TX 78108-3343		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A	Amount of Contribution (\$) \$0.83
Contributor address; City; State; Zip Code Cibolo, TX 78108-3343		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Crystal	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77024-6434		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazares, Guillermo Nicolas	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Lubbock, TX 79423-6178		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/38 Rpt: 14/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervenka, Gregory Matthew <hr/> 6 Contributor address; City; State; Zip Code Ennis, TX 75119-7526	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Phillip Edward <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234-1085	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiang, Christina C M <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-2798	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chou, Shih-Chin <hr/> Contributor address; City; State; Zip Code Houston, TX 77044-5533	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/38 Rpt: 15/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R <hr/> 6 Contributor address; City; State; Zip Code Granbury, TX 76049-4463	7 Amount of Contribution (\$) \$8.37
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2024	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 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Angela Pettit <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028-3661	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	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 08/06/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/38 Rpt: 16/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-4689	7 Amount of Contribution (\$) \$2.08
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2024	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 (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	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 09/12/2024	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 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dias, C Augusto <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4303	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/38 Rpt: 17/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodds, William D <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Holly <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-4379	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaves, Robby McClendon <hr/> Contributor address; City; State; Zip Code Sour Lake, TX 77659-8751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	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 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El-Arab, Kaley <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017-1049	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/38 Rpt: 18/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emuze, Bernard Osagie	7 Amount of Contribution (\$) \$8.33
6 Contributor address; City; State; Zip Code Fort Worth, TX 76133-3843		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emuze, Bernard Osagie	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Fort Worth, TX 76133-3843		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feng, Sing-Yi	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75235-7701		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fite, Diana L	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Magnolia, TX 77355-2224		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleishman, Justin N	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75287-6812		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/38 Rpt: 19/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jonathan R	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Colleyville, TX 76034-7502		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Paul A	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Austin, TX 78704-4235		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fretz, Cassidy Panno	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Colleyville, TX 76034-6519		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Dallas, TX 75214-3119		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Dallas, TX 75214-3119		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3119	7 Amount of Contribution (\$) \$8.37
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2024	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)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia Rodriguez, Carlos <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257-1507	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Marco <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-4923	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelabert, Cassandra Y. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-3458	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gest, Albert L <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78405	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Antonio <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79410-1409	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2024	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 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graf, Monique E <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-9308	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063-3357	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2024	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 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Robert <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-2128	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Victor S <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-5034	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacs, S Marshal <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228-4237	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Damien <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584-2505	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey, Doug <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	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 08/06/2024	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 09/12/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Hyemin	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Irving, TX 75063-1259		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Jessica Jewart	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Southlake, TX 76092-9550		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkland, Jake Timothy	Amount of Contribution (\$) \$41.67
Contributor address; City; State; Zip Code Dallas, TX 75208		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	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 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Heidi C	Amount of Contribution (\$) \$8.37
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

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2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Heidi C	7 Amount of Contribution (\$) \$8.33
	6 Contributor address; City; State; Zip Code Forney, TX 75126-5825	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2024	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 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamey, Patrice	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mesquite, TX 75181-4927	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeson, Kimberly	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2718	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Northlake, TX 76247-1530	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/38 Rpt: 26/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K <hr/> 6 Contributor address; City; State; Zip Code Northlake, TX 76247-1530	7 Amount of Contribution (\$) \$8.37
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2024	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 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, David T <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78261-2765	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luckey, Thomas John <hr/> Contributor address; City; State; Zip Code Trinidad, TX 75163-5002	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magargee, Caitlin Elizabeth <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407-4362	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/38 Rpt: 27/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magoon, Michael R <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-2253	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	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 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcucci, John F <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208-4104	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markides, Danna Michelle <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-2649	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/38 Rpt: 28/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3559	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2024	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 07/10/2024	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 08/06/2024	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 09/12/2024	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/38 Rpt: 29/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Terence J <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76114-1256	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	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 09/12/2024	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 07/10/2024	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 08/06/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/38 Rpt: 30/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75601-3567	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2024	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)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naganathan, Sonya <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Negrete, Guillermo <hr/> Contributor address; City; State; Zip Code Nevada, TX 75173-8050	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nellikappallil, Jose <hr/> Contributor address; City; State; Zip Code Saginaw, TX 76131	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/38 Rpt: 31/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Stephen Ralph <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79119-6580	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwaneri, Assumpta <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-8807	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patlovany, Matthew L <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255-2344	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattison, Monta <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petersen, John <hr/> Contributor address; City; State; Zip Code Midland, TX 79704-5406	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/38 Rpt: 32/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phariss, Chase <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2617	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Tierney <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4526	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piard, Hermann Pierre <hr/> Contributor address; City; State; Zip Code Austin, TX 78702-2674	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnow, Jeffery M <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765-8006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponder, Melissa D <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/38 Rpt: 33/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Ginny P <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, George-Thomas M <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-1715	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	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 08/06/2024	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 (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/38 Rpt: 34/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robson, Joseph P <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-2139	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Jada L <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-4738	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roppolo, Lynn Palacol <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2024	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 07/10/2024	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 (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/38 Rpt: 35/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79934-2300	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/12/2024	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 08/06/2024	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 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Jonathan Allen <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77389-5315	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schock, Andrew M <hr/> Contributor address; City; State; Zip Code Detroit, MI 48202-2033	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/38 Rpt: 36/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Sarah Ibanez <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	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 08/06/2024	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 08/06/2024	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 09/12/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/38 Rpt: 37/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jordan M <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77079-3704	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soler, Gabriella <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-4482	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis-McCarthy, Jessica <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-2886	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosa, Sameta <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801-3501	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparkman, Mark Kevin <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130-8903	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/38 Rpt: 38/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spohn, Micheal <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845-7107	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2024	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 (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	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 09/12/2024	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 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Stephen P <hr/> Contributor address; City; State; Zip Code Pagosa Springs, CO 81147-9089	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/38 Rpt: 39/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucka, Kristy Renee <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225-7653	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumrall, Joseph C <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065-3719	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	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 08/06/2024	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 09/12/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/38 Rpt: 40/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeffrey B <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77726-2779	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Shannon N <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108-3209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thoppil, Joby Josekutty <hr/> Contributor address; City; State; Zip Code Parker, TX 75002-6266	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toppo, Alexander J <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-2913	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres Galarza, Francisco <hr/> Contributor address; City; State; Zip Code Mission, TX 78573-8537	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/38 Rpt: 41/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, MacLong T <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75082-5604	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Ruth <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-5071	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troutman, Gerad A <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423-0897	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tull, Jonathan <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-1255	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tull, Jonathan <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-1255	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/38 Rpt: 42/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vankawala, Hemant H <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-5505	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, David <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-6233	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Way, Sarah S <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-4247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wentling, Jessica <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023-4829	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williford, Lisa <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-6157	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/38 Rpt: 43/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wu, Stanley Longjyi <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-1352	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/06/2024	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 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xu, Ke Tom <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-5508	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zenarosa, Nestor R <hr/> Contributor address; City; State; Zip Code Sachse, TX 75048-4521	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhao, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202-2765	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/38 Rpt: 44/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-8353	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)

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: 45/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2024	5 Corporation / Labor Organization name American College of Emergency Physicians	6 Amount (\$) 39.07
Date 08/06/2024	Corporation / Labor Organization name American College of Emergency Physicians	Amount (\$) 155.99
Date 09/12/2024	Corporation / Labor Organization name American College of Emergency Physicians	Amount (\$) 40.14
Date 07/30/2024	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 1,105.00

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: 46/52
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/31/2024	5 Corporation / Labor Organization name Texas College of Emergency Physicians	6 Amount (\$) 118.13
Date 08/31/2024	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.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 47/52	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
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4 Date 09/26/2024	5 Payee name Button Campaign, Angie Chen
-----------------------------	--

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6914 Clear Springs Circle Garland, TX 75044
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 09/23/2024	Payee name Capriglione Campaign, Giovanni
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1352 Ten Bar Trail Southlake, TX 76092
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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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 09/23/2024	Payee name Cook Campaign, David
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 309 East Broad Street Mansfield, TX 76063
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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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.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 48/52	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
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4 Date 09/25/2024	5 Payee name Darby Campaign, Drew
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 3284 San Angelo, TX 76902
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/06/2024	Payee name Gelabert, Cassandra Y.
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Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 222 West Woodlawn Avenue San Antonio, TX 78212-3458
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/26/2024	Payee name Gonzalez Campaign, Mary
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 450 Clint, TX 79836
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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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.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 49/52	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
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4 Date 09/26/2024	5 Payee name Hagenbuch Campaign, Brent
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2800 Shoreline Drive Denton, TX 76210
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/20/2024	Payee name Harris Campaign, Cody
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1007 North Mallard Street Palestine, TX 75801
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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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 09/25/2024	Payee name Hughes Campaign, Bryan
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Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 450 Mineola, TX 75773
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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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.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 50/52	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
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4 Date 09/23/2024	5 Payee name Johnson Campaign, Ann
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 56386 Houston, TX 77256
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/06/2024	Payee name Lamey, Patrice
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Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3001 Osprey Court Mesquite, TX 75181-4927
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/12/2024	Payee name Negrete, Guillermo
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Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7888 County Road 542 Nevada, TX 75173-8050
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(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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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.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 51/52	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/06/2024	5 Payee name Nwaneri, Assumpta	
6 Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2306 Sparrow Branch Court Sugar Land, TX 77479-8807	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(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.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name Payscape	
Amount (\$) \$13.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Payscape	
Amount (\$) \$13.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 52/52	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
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4 Date 09/03/2024	5 Payee name Payscape
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6 Amount (\$) \$13.62 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/06/2024	Payee name Phillips, Tierney
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Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6621 Crooked Stick Drive Fort Worth, TX 76132-4526
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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