FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016755 3 COMMITTEE NAME **OFFICE USE ONLY** Texas College Of Emergency Physicians PAC Date Received **ELECTRONICALLY FILED** 10/25/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 401 West 15th Street, Suite 695 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard NAME NICKNAME LAST **SUFFIX** Robinson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 401 W. 15th Street, Suite 695 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 401 W. 15th Street, Suite 695 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 306-0605 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas College Of Emer	gency Physicians PAC		0001675	5
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Brent Hagenbuch State Senat	tor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	10,416.29
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	11,040.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	157,088.16
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Richai	rd Robinson	
		Signature of Ca	mpaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	ficer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 52

					1 ago o o: o2
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas College Of Emerg	gency Physicians PA	AC .		00016755	
14 COMMITTEE	1. Candidates	A. Supported	Bryan Hughes State Senator		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		, ,		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Angie Chen Button State Repre	sentative	
	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.))			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ann Johnson State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 52

						1 ago 1 01 02
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas College Of Emergency	y Physicians PA	С			00016755	
14 COMMITTEE 1. C ACTIVITY (Identii	-		Cody Harris	State Representativ	/e	
(Attach lists on plain paper to complete this report if necessary.)	-	B. Opposed				
(Descri locatio	Measures ribe by date and on of election and of issue.)	A. Supported				
		B. Opposed				
A (Identii	Officeholders ASSISTED fy by name or, if able, classify by party.)					
COMMITTEE 1. C	andidates	A. Supported	David Cook	State Representativ	/e	
	fy by name or, if able, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Descri locatio	Measures ribe by date and on of election and of issue.)	A. Supported				
	-	B. Opposed				
A (Identii	Officeholders LSSISTED fy by name or, if able, classify by party.)					
COMMITTEE 1. C ACTIVITY (Identit		A. Supported	Drew Darby	State Representativ	/e	
(Attach lists on plain paper to complete this report if necessary.)	-	B. Opposed				
(Descri locatio	Measures ribe by date and on of election and of issue.)	A. Supported				
		B. Opposed				
A (Identii	Officeholders ASSISTED fy by name or, if able, classify by party.)					
1	*)					

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

Toxas College Of Emergency Physicians PAC 1. Candidates [possibly tyrems et. if application deleted nature of texts.] A. Supported Giovanni Capriglione State Representative Committee ACTIVITY					Page 5 01 52
1. Candidates (learnity by name or, if applicable, classify by party). (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of fissue.) 3. Officeholders Assisted (ledently by name or, if applicable, classify by party). COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (ledently by name or, if applicable, classify by party). (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of fissue.) 3. Officeholders Assisted (Describe by date and location of election and nature of saue.) 3. Opposed					(Ethics Commission Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of lissue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Many Gonzalez State Representative B. Opposed B. Opposed B. Opposed A. Supported Mary Gonzalez State Representative (Attach lists on plain paper to complete this report if necessary.) B. Opposed	Texas College Of Emergency Physicians Pa	AC		00016755	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of Issue.) B. Opposed 3. Officeholders Assisted (dentify by name or, if applicable, classify thy party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Mary Gonzalez State Representative (dentify by name or, if applicable, classify thy party.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted (dentify by name or, if dentify thy name or, if dentify th	ACTIVITY (Identify by name or, if		Giovanni Capriglione State Rep	resentative	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported A. Supported B. Opposed A. Supported Mary Gonzalez State Representative (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed A. Supported B. Opposed	paper to complete this	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.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed A. Supported B. Opposed B. Opposed B. Opposed	(Describe by date and location of election and	A. Supported			
Assisted (identify by name or, if applicable, classify by parry.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Mary Gonzalez State Representative B. Opposed A. Supported B. Opposed B. Opposed A. Supported A. Supported A. Supported B. Opposed		B. Opposed			
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	Assisted (identify by name or, if)			
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if			Many Gonzalez, State Denrocon	tativo	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	ACTIVITY (Identify by name or, if		Mary Gonzalez State Nepresen	lative	
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	paper to complete this	B. Opposed			
3. Officeholders Assisted (Identify by name or, if	(Describe by date and location of election and	A. Supported			
Assisted (Identify by name or, if		B. Opposed			
(dentity by name or, if applicable, classify by party.)	Assisted				
	(Identify by name or, if applicable, classify by party.)			

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				6 of 52
		EE NAME lege Of Emergency Physicians PAC	18 Filer ID 00016755	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,839.83
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	ıR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$ 1,340.20
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 236.26
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 11,040.86
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/38 Rpt: 7/52	
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 09/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	Daine in all a second	Tomball, TX 77375-1994	. Familia de l'Ocalia de tractica			
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 07/10/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	San Antonio, TX 78248-2409 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Adesina, Adedoyin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu	Manvel, TX 77578-1641 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician					
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Amro, Moath Contributor address; City; State; Zip Code Houston, TX 77008-1736			Amount of Contribution (\$)	\$8.37
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Amro, Moath Contributor address; City; State; Zip Code Houston, TX 77008-1736			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/38 Rpt: 8/52	
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission F 00016755	-ilers)
4	Date 09/12/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$8.33
_		Houston, TX 77008-1736				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Andino, Aldo Louis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Drincinal occu	Dallas, TX 75390-7214 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	pation 7 300 title (See instructions)	Employer (See instructions	,		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Andino, Aldo Louis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Dallas, TX 75390-7214				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Averick, Rauvan M Contributor address; City; State; Zip Code Houston, TX 77071-2015			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Averick, Rauvan M Contributor address; City; State; Zip Code Houston, TX 77071-2015			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/38 Rpt: 9/52	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 09/12/2024	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$8.33
_	5	Houston, TX 77071-2015				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	Rancho Viejo, TX 78575-9633 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Baine, Ralph F Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringinal occu	Fort Worth, TX 76135-1013 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	pation / 300 title (See instructions)	Employer (See instructions	,		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Bassett, Aaron Contributor address; City; State; Zip Code Amarillo, TX 79124-4949			Amount of Contribution (\$)	\$8.37
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 4/38 Rpt: 10/52	
2	FILER NAME Texas Colleç	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 09/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
		Amarillo, TX 79124-4949				
8	Principal occu Physician	pation / Job title (See Instructions) 9	Employer (See Instructions))		
	Date 07/10/2024	Full name of contributor			Amount of Contribution (\$)	\$8.37
	Principal occu	Coppell, TX 75019-4188 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician	pation 7 300 title (See Instituctions)	Employer (See instructions)	,		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Bednar, Marian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
		Coppell, TX 75019-4188				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Bednar, Marian Contributor address; City; State; Zip Code Coppell, TX 75019-4188)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Beeson, Michelle Abrams Contributor address; City; State; Zip Code Cleburne, TX 76031-7800)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/38 Rpt: 11/52	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 07/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$12.50
_	Deireitad	Katy, TX 77450-8508	. Frankrija (Operlanta ation			
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2024	Full name of contributor			Amount of Contribution (\$)	\$8.37
	Principal occu Physician	Mansfield, TX 76063-3461 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	Mansfield, TX 76063-3461 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Blankenship, Alan Lane Contributor address; City; State; Zip Code Mansfield, TX 76063-3461)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/38 Rpt: 12/52	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 07/10/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
_	Dringing Loon	Mansfield, TX 76063-3658	D. Employer (Con Instructions			
8	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/06/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	Pearland, TX 77584-7057 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Brandon, Tim Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringinal occu	College Station, TX 77845-7721 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	sation 7 con title (see instituctions)	Employer (See mondeness			
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Brice, Matthew Contributor address; City; State; Zip Code College Station, TX 77845-8982)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/38 Rpt: 13/52	
2	FILER NAME Texas Colleç	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 07/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$0.83
		Cibolo, TX 78108-3343				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Carter, Stephen A Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$0.83
	Principal occu	Cibolo, TX 78108-3343 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	oution / Job title (See manuchons)	Employer (See manuchons	,		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Carter, Stephen A Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$0.83
		Cibolo, TX 78108-3343				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:Cassidy, Crystal Contributor address; City; State; Zip Code Houston, TX 77024-6434)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:Cazares, Guillermo Nicolas Contributor address; City; State; Zip Code Lubbock, TX 79423-6178			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/38 Rpt: 14/52	
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 08/06/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Ennis, TX 75119-7526				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Chapa, Phillip Edward Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Decatur, TX 76234-1085 pation / Job title (See Instructions)	Employer (See Instructions	·/		
	Physician Physician	pation 7 30b title (See instructions)	Employer (See instructions	·)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:Chiang, Christina C M Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Sugar Land, TX 77479-2798				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:Chou, Shih-Chin Contributor address; City; State; Zip Code Houston, TX 77044-5533)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Clark, Gary R Contributor address; City; State; Zip Code Granbury, TX 76049-4463			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/38 Rpt: 15/52	
2	FILER NAME Texas Colleç	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 08/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$8.37
		Granbury, TX 76049-4463				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/12/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	Granbury, TX 76049-4463 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Cornelius, Angela Pettit Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	Burleson, TX 76028-3661 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#:_ Cox, Stephen Brooke Contributor address; City; State; Zip Code Austin, TX 78737-4689			Amount of Contribution (\$)	\$2.08
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:_ Cox, Stephen Brooke Contributor address; City; State; Zip Code Austin, TX 78737-4689			Amount of Contribution (\$)	\$2.08
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/38 Rpt: 16/52	
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 09/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.08
8	Principal occu	Austin, TX 78737-4689 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Physician Physician	pation / 300 title (See instructions)	employer (See Instructions	,		
	Date 07/10/2024	Full name of contributor)		Amount of Contribution (\$)	\$8.37
	Principal occu	Austin, TX 78735-6244 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date 08/06/2024	Full name of contributor			Amount of Contribution (\$)	\$8.33
		Austin, TX 78735-6244				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ DeWaal, Craig T Contributor address; City; State; Zip Code Austin, TX 78735-6244)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#:_ Dias, C Augusto Contributor address; City; State; Zip Code Fort Worth, TX 76132-4303			Amount of Contribution (\$)	\$10.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBI	UTIONS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 11/38 Rpt: 17/52	
2	FILER NAME Texas Collec	e Of Emergency Physicians PAC		3 Filer ID (Ethics Commission 00016755	Filers)
4	Date 08/06/2024	 Full name of contributor		7 Amount of Contribution (\$)	\$100.00
		Austin, TX 78739			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	ons)	
	Date 09/12/2024	Full name of contributor out-of-state PADunn, Holly Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$)	\$100.00
	Deinsinal assu	Houston, TX 77019-4379	Familia ou (Co o la atrustica o		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	ons)	
	Date 09/12/2024	Full name of contributor out-of-state PA Eaves, Robby McClendon Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$)	\$100.00
		Sour Lake, TX 77659-8751			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ons)	
	Date 08/06/2024	Full name of contributor out-of-state PA Ejesieme, Nnenna Cynthia Contributor address; City; State; Zip Code Dallas, TX 75209-5224	AC (ID#:)	Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ons)	
	Date 09/12/2024	Full name of contributor out-of-state PAEI-Arab, Kaley Contributor address; City; State; Zip Code Arlington, TX 76017-1049	AC (ID#:)	Amount of Contribution (\$)	\$100.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	ons)	
			1		

	MONET	ARY POLITICAL CONTRIE	BUTION	<u> </u>		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 12/38 Rpt: 18/52	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC			3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 07/10/2024	 Full name of contributor out-of-state	-		7	Amount of Contribution (\$)	\$8.33
		Fort Worth, TX 76133-3843					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 07/10/2024	Full name of contributor out-of-state Emuze, Bernard Osagie Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	Fort Worth, TX 76133-3843 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 08/06/2024	Full name of contributor out-of-state Feng, Sing-Yi Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75235-7701 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Physician Date 08/06/2024	Full name of contributor out-of-state Fite, Diana L Contributor address; City; State; Zip Code Magnolia, TX 77355-2224	,			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 08/06/2024	Full name of contributor out-of-state Fleishman, Justin N Contributor address; City; State; Zip Code Dallas, TX 75287-6812	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	;)		
			1				

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/38 Rpt: 19/52	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 08/06/2024	 Full name of contributor out-of-state PAC (ID# Ford, Jonathan R Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_	Dringing Loggy	Colleyville, TX 76034-7502	Contour (Contour in particular and in the contour i	<u>, , </u>		
8	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID# Foster, Paul A Contributor address; City; State; Zip Code	f:)		Amount of Contribution (\$)	\$12.50
	Principal occu	Austin, TX 78704-4235 pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Physician Physician	,				
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID# Fretz, Kassidy Panno Contributor address; City; State; Zip Code	<u>:)</u>		Amount of Contribution (\$)	\$100.00
		Colleyville, TX 76034-6519				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID# Gagnon, Garry F Contributor address; City; State; Zip Code Dallas, TX 75214-3119	±:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID# Gagnon, Garry F Contributor address; City; State; Zip Code Dallas, TX 75214-3119	:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	 s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/38 Rpt: 20/52	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 09/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$8.37
		Dallas, TX 75214-3119				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Galatzan, Leigh Stewart Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78738-6781 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician			,		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Garcia Rodriguez, Carlos Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78257-1507				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Garza, Marco Contributor address; City; State; Zip Code Houston, TX 77055-4923			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Gelabert, Cassandra Y. Contributor address; City; State; Zip Code San Antonio, TX 78212-3458)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 15/38 Rpt: 21/52	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 08/06/2024	 Full name of contributor out-of-state PAC Gest, Albert L Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_		Corpus Christi, TX 78405	1			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 09/12/2024	Full name of contributor out-of-state PAC Gonzales, Antonio Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Lubbock, TX 79410-1409 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician Physician	valion / Job title (See Instructions)	Employer (See instructions	5)		
	Date 09/12/2024	Full name of contributor out-of-state PAG Gonzalez, Michael G Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$50.00
		Houston, TX 77008-7058				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/12/2024	Full name of contributor out-of-state PAG Graf, Monique E Contributor address; City; State; Zip Code Dallas, TX 75206-9308	C (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/10/2024	Full name of contributor out-of-state PAC Gupta, Sandeep K Contributor address; City; State; Zip Code Irving, TX 75063-3357	C (ID#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/38 Rpt: 22/52	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 08/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$8.33
_	Duinning Langu	Irving, TX 75063-3357	O Familia var (Con Institutations			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor			Amount of Contribution (\$)	\$8.33
	Principal occu	Irving, TX 75063-3357 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:_ Harding, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Austin, TX 78703-2128				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Ho, Victor S Contributor address; City; State; Zip Code Houston, TX 77024-5034			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ Isaacs, S Marshal Contributor address; City; State; Zip Code Dallas, TX 75228-4237			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/38 Rpt: 23/52	
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 08/06/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00
_		Pearland, TX 77584-2505				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78704-2005 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Katan, Brian Scott Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
		Trophy Club, TX 76262-5421				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Katan, Brian Scott Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Katan, Brian Scott Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/38 Rpt: 24/52	
2	FILER NAME Texas Collec	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 08/06/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	5	Irving, TX 75063-1259				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	i) 		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Kirby, Jessica Jewart Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Southlake, TX 76092-9550 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician					
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Kirkland, Jake Timothy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$41.67
		Dallas, TX 75208				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Klingenberg, Chris L Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2415)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Knowles, Heidi C Contributor address; City; State; Zip Code Forney, TX 75126-5825)		Amount of Contribution (\$)	\$8.37
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 19/38 Rpt: 25/52	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 08/06/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
		Forney, TX 75126-5825				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Knowles, Heidi C Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
	Principal occu	Forney, TX 75126-5825 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	salion, oss also (coo included)		,		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Lamey, Patrice Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Mesquite, TX 75181-4927				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Leeson, Kimberly Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2718)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#:Lilly, Travis K Contributor address; City; State; Zip Code Northlake, TX 76247-1530)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 20/38 Rpt: 26/52		
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)	
4	Date 08/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$8.37	
_	Daine in all a second	Northlake, TX 76247-1530	N. Farada and (Constructions				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/12/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33	
	Principal occu Physician	Northlake, TX 76247-1530 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Lim, David T Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
	Principal occu Physician	San Antonio, TX 78261-2765 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:Luckey, Thomas John Contributor address; City; State; Zip Code Trinidad, TX 75163-5002			Amount of Contribution (\$)	\$8.33	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
		<u>'</u>					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 21/38 Rpt: 27/52		
2	FILER NAME Texas Colleç	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)	
4	Date 07/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00	
_		San Antonio, TX 78209-2253					
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00	
	Principal occu	Friendswood, TX 77546-6145 pation / Job title (See Instructions)	Employer (See Instructions				
	Physician	sation / oob title (See instituctions)	Employer (See moradions	,			
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Marcucci, John F Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
		Dallas, TX 75208-4104					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$8.33	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 22/38 Rpt: 28/52
2	FILER NAME Texas Colle	e Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4	Date 08/06/2024	 Full name of contributor		7 Amount of Contribution (\$) \$8.33
		Dallas, TX 75214-3559		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)
	Date 09/12/2024	Full name of contributor out-of-state P Marquez, Otto J Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$) \$8.33
	Principal occu	Dallas, TX 75214-3559 pation / Job title (See Instructions)	Employer (See Instructions)
	Physician	odion, con the (occ mandehors)	Employer (See mondedone)
	Date 07/10/2024	Full name of contributor out-of-state P Martinez, Oscar Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$8.33
		Cypress, TX 77429-6957		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)
	Date 08/06/2024	Full name of contributor out-of-state P Martinez, Oscar Contributor address; City; State; Zip Code Cypress, TX 77429-6957	AC (ID#:)	Amount of Contribution (\$) \$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	
	Date 09/12/2024	Full name of contributor out-of-state P Martinez, Oscar Contributor address; City; State; Zip Code Cypress, TX 77429-6957	PAC (ID#:)	Amount of Contribution (\$) \$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)
			'	

	MONET	ARY POLITICAL CONTRIBUT	IONS	S	CHEDULE A1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Sche Sch: 23/38 Rpt	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3 Filer ID (Ethics 00016755	Commission Filers)
4	Date 07/10/2024	 Full name of contributor		7 Amount of Contri	bution (\$) \$8.33
		Fort Worth, TX 76114-1256			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID McCarthy, Terence J Contributor address; City; State; Zip Code)	Amount of Contri	bution (\$) \$8.33
	Principal occu	Fort Worth, TX 76114-1256 pation / Job title (See Instructions)	Employer (See Instructions	ne)	
	Physician Physician	oduon 7 300 title (See mstructions)	Employer (See msu denons	13)	
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID McCarthy, Terence J Contributor address; City; State; Zip Code)	Amount of Contri	bution (\$) \$8.33
		Fort Worth, TX 76114-1256			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID Mendenhall, Brian Contributor address; City; State; Zip Code Longview, TX 75601-3567)	Amount of Contri	bution (\$) \$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID Mendenhall, Brian Contributor address; City; State; Zip Code Longview, TX 75601-3567	#:)	Amount of Contri	bution (\$) \$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
			-		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 24/38 Rpt: 30/52	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC			3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 09/12/2024	 Full name of contributor o o o o o o o o o o o o)	7	Amount of Contribution (\$)	\$8.33
		Longview, TX 75601-3567					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78260-6293 Dation / Job title (See Instructions)		Employer (See Instructions)		
	Physician						
	Date 08/06/2024	Full name of contributor on the contributor of contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75201					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor on the contributor of contributor address; City; State; Zontributor address; City; City; State; Zontributor address; City; City	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor on Nellikappallil, Jose Contributor address; City; State; Z Saginaw, TX 76131	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
			l				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/38 Rpt: 31/52		
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)	
4	Date 08/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00	
_		Amarillo, TX 79119-6580		_			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:_ Nwaneri, Assumpta Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Deinsinal assu	Sugar Land, TX 77479-8807	Frankrijer (Cook brotwictions	<u></u>			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	·)			
	Date 08/06/2024	Full name of contributor			Amount of Contribution (\$)	\$100.00	
		San Antonio, TX 78255-2344					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_Pattison, Monta Contributor address; City; State; Zip Code Houston, TX 77024			Amount of Contribution (\$)	\$100.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#:_ Petersen, John Contributor address; City; State; Zip Code Midland, TX 79704-5406			Amount of Contribution (\$)	\$100.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 26/38 Rpt: 32/52	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 08/06/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
_	5	Fort Worth, TX 76109-2617				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Phillips, Tierney Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Fort Worth, TX 76132-4526 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician			,		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Piard, Hermann Pierre Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78702-2674				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Pinnow, Jeffery M Contributor address; City; State; Zip Code Odessa, TX 79765-8006			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Ponder, Melissa D Contributor address; City; State; Zip Code San Antonio, TX 78248			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/38 Rpt: 33/52		
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)	
4	Date 07/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00	
_		Corpus Christi, TX 78414					
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 08/06/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu Physician	San Antonio, TX 78248-1715 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Pumarejo Gomez, Laura Sofia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33	
	Principal occu	Frisco, TX 75034-2315 pation / Job title (See Instructions)	Employer (See Instructions				
	Physician	sation / Job title (See Instituctions)	Employer (See Instructions				
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Pumarejo Gomez, Laura Sofia Contributor address; City; State; Zip Code Frisco, TX 75034-2315			Amount of Contribution (\$)	\$8.37	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Pumarejo Gomez, Laura Sofia Contributor address; City; State; Zip Code Frisco, TX 75034-2315			Amount of Contribution (\$)	\$8.33	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
		<u>, </u>					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	CHEDULE A1	
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 28/38 Rpt: 34/52		
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)	
4	Date 09/12/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00	
8	Dringing aggu	Austin, TX 78703-2139	Employer (See Instructions				
•	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Roe, Jada L Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00	
	Principal occu	Montgomery, TX 77356-4738 pation / Job title (See Instructions)	Employer (See Instructions)			
	Physician		pio) o. (eeeea acae.e.	,			
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Roppolo, Lynn Palacol Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
		Dallas, TX 75229-5359					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:Rose, Jackie Lee Contributor address; City; State; Zip Code Greenville, TX 75402-2824)		Amount of Contribution (\$)	\$25.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.37	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				E A1	
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 29/38 Rpt: 35/52	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 08/06/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$8.33
_		El Paso, TX 79934-2300				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Rucker, Ebony R Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Principal occu	El Paso, TX 79934-2300 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	ballott / 300 title (See itistructions)	Employer (See instructions	,		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Rumph, Gregory E Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Taylor Lake Village, TX 77586-4528				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:Sanders, Jonathan Allen Contributor address; City; State; Zip Code The Woodlands, TX 77389-5315			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to c	complete this forn	n.	1	Total pages Schedule A1: Sch: 30/38 Rpt: 36/52	
2	FILER NAME Texas Collec	e Of Emergency Physicians PAC			3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 08/06/2024	 Full name of contributor o Shaw, Sarah Ibanez Contributor address; City; State; Z 	ut-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$100.00
		El Paso, TX 79912					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor o o Sheena, Douglas A Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$8.33
	Delicalis al acces	Dallas, TX 75206-0500		Faralana (One batanatian			
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor o sheena, Douglas A Contributor address; City; State; Z	ut-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$8.33
		Dallas, TX 75206-0500					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor on the contributor of contributor address; City; State; Zoallas, TX 75206-0500	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor o Sheena, Douglas A Contributor address; City; State; Z Dallas, TX 75206-0500	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions)		
			<u>'</u>				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.		1	1 Total pages Schedule A1: Sch: 31/38 Rpt: 37/52		
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 08/06/2024 5 Full name of contributor out-of-state PAC (ID#:) Smith, Jordan M 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
_		Houston, TX 77079-3704				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:_ Soler, Gabriella Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75201-4482	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:Solis-McCarthy, Jessica Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Discipal	Boerne, TX 78006-2886	Formula van (Gara la atmustia a			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:Sosa, Sameta Contributor address; City; State; Zip Code Uvalde, TX 78801-3501			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Sparkman, Mark Kevin Contributor address; City; State; Zip Code New Braunfels, TX 78130-8903			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 32/38 Rpt: 38/52	
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	ı Filers)
4	1 Date		7	Amount of Contribution (\$)	\$100.00	
_		College Station, TX 77845-7107				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#: Stacks, Kevin B Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.37
	Principal occu	Denison, TX 75020-0775 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	sation 7 oob title (See instituctions)	Employer (See manachoris	,		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Stacks, Kevin B Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Denison, TX 75020-0775				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:Stacks, Kevin B Contributor address; City; State; Zip Code Denison, TX 75020-0775			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:Stewart, Stephen P Contributor address; City; State; Zip Code Pagosa Springs, CO 81147-9089)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1	
	The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 33/38 Rpt: 39/52
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4	Date 08/06/2024	 Full name of contributor out-of-state PAG Stucka, Kristy Renee Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$25.00
		Dallas, TX 75225-7653		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)
	Date 07/10/2024	Full name of contributor out-of-state PAG Sumrall, Joseph C Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$)
	Principal occu Physician	Midlothian, TX 76065-3719 pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 07/10/2024	Full name of contributor out-of-state PAG Thomas, Jacob Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$1.67
	Principal occu Physician	Houston, TX 77024-7808 Dation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 08/06/2024	Full name of contributor out-of-state PAG Thomas, Jacob Contributor address; City; State; Zip Code Houston, TX 77024-7808	C (ID#:)	Amount of Contribution (\$)
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 09/12/2024	Full name of contributor out-of-state PAG Thomas, Jacob Contributor address; City; State; Zip Code Houston, TX 77024-7808	C (ID#:)	Amount of Contribution (\$)
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	ns)
			1	

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 34/38 Rpt: 40/52	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	4 Date 08/06/2024 5 Full name of contributor out-of-state PAC (ID#:) 7 Thompson, Jeffrey B 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00	
_	Daine in a la casa	Beaumont, TX 77726-2779				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:_ Thompson, Shannon N Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Cibolo, TX 78108-3209 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	pation / Job title (See instructions)	Employer (See instructions	')		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:_ Thoppil, Joby Josekutty Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Parker, TX 75002-6266				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#:_ Toppo, Alexander J Contributor address; City; State; Zip Code El Paso, TX 79902-2913			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:_ Torres Galarza, Francisco Contributor address; City; State; Zip Code Mission, TX 78573-8537			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	·)		
		·				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 35/38 Rpt: 41/52	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	1 Date 08/06/2024 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00	
_	Delicalis al acces	Richardson, TX 75082-5604	- Faralassa (Osa lastrostisas			
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	College Station, TX 77845-5071 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date 08/06/2024	Full name of contributor			Amount of Contribution (\$)	\$100.00
		Lubbock, TX 79423-0897				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#: Tull, Jonathan Contributor address; City; State; Zip Code Houston, TX 77004-1255)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Tull, Jonathan Contributor address; City; State; Zip Code Houston, TX 77004-1255			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complet	e this form.	1	Total pages Schedule A1: Sch: 36/38 Rpt: 42/52	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 08/06/2024	 Full name of contributor out-of-state Vankawala, Hemant H Contributor address; City; State; Zip Code 	,		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75229-5505				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See	Instructions)		
	Date 08/06/2024	Wang, David	PAC (ID#:)	Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77056-6233 pation / Job title (See Instructions)	Employer (See	Instructions)		
	Physician	oution 7 oob title (see instructions)	Employer (See	. mou dedons)		
	Date 08/06/2024	Full name of contributor out-of-state Way, Sarah S Contributor address; City; State; Zip Code	PAC (ID#:		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75229-4247	1			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See	Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state Wentling, Jessica Contributor address; City; State; Zip Code Helotes, TX 78023-4829	PAC (ID#:)	Amount of Contribution (\$)	\$100.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See	Instructions)		
	Date 08/06/2024	Full name of contributor out-of-state Williford, Lisa Contributor address; City; State; Zip Code Mansfield, TX 76063-6157	PAC (ID#:		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See	Instructions)		
			- '			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 37/38 Rpt: 43/52	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC			3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 08/06/2024	 Full name of contributor out Wu, Stanley Longjyi Contributor address; City; State; Zip 	t-of-state PAC (ID#: D Code		7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77005-1352					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 08/06/2024	Full name of contributor out Xiong, Tanya Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77004-5933 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Physician Physician	odion / sob tile (See mandenons)		Employer (See manucuons	')		
	Date 08/06/2024	Xu, Ke Tom	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Lubbock, TX 79424-5508	į				
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/06/2024	Full name of contributor out Zenarosa, Nestor R Contributor address; City; State; Zip Sachse, TX 75048-4521	t-of-state PAC (ID#: D Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/06/2024	Zhao, Justin	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	()		
			l				

MONET	ARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 38/38 Rpt: 44/52
			3 Filer ID (Ethics Commission Filers) 00016755
Date 09/12/2024	5 Full name of contributor	#:)	7 Amount of Contribution (\$) \$25.
Principal occu	Frisco, TX 75034-8353	9 Employer (See Instructions	ls)
Physician	special (oct meruelle)	2 Employer (eee meadeann	
	The Instru FILER NAME Texas Colle Date 09/12/2024	The Instruction Guide explains how to complete this FILER NAME Texas College Of Emergency Physicians PAC Date 09/12/2024 5 Full name of contributor out-of-state PAC (ID de Moor, Carrie) 6 Contributor address; City; State; Zip Code Frisco, TX 75034-8353 Principal occupation / Job title (See Instructions)	FILER NAME Texas College Of Emergency Physicians PAC Date 09/12/2024 6 Contributor address; City; State; Zip Code Frisco, TX 75034-8353 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instru	The Instruction Guide explains how to complete this form. 1 Total pages Schedule C3: Sch: 1/1 Rpt: 45/52		
2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Texas Colle	ge Of Emergency Physicians PAC	000167	755
4 Date	5 Corporation / Labor Organization name	6 Amount	(\$)
07/10/2024	American College of Emergency Physicians		39.07
Date	Corporation / Labor Organization name	Amount	(\$)
08/06/2024	American College of Emergency Physicians		155.99
Date	Corporation / Labor Organization name	Amount	(\$)
09/12/2024	American College of Emergency Physicians		40.14
Date	Corporation / Labor Organization name	Amount	(\$)
07/30/2024	Texas College of Emergency Physicians		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 Colleç	e 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 (\$)	<u>-</u>	118.13
	Date 08/31/2024	Corporation / Labor Organization name Texas College of Emergency Physicians		Amount (\$)	<u>-</u>	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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Total marca Cabadula F1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
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
4 Date	5 Payee name
09/26/2024	Button Campaign, Angie Chen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	6914 Clear Springs Circle
Expenditure from corporate funds	Garland, TX 75044
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/23/2024	Capriglione Campaign, Giovanni
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,000.00	1352 Ten Bar Trail
Expenditure from	
corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/23/2024	Cook Campaign, David
09/23/2024	· · ·
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	309 East Broad Street
Expenditure from corporate funds	Mansfield, TX 76063
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 48/52	Texas College Of Emergency Physicians PAC 00016755
4 Date	5 Payee name
09/25/2024	Darby Campaign, Drew
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 3284
— Former diture from	
Expenditure from corporate funds	San Angelo, TX 76902
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution
	Tollada Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/06/2024	Gelabert, Cassandra Y.
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	222 West Woodlawn Avenue
Expenditure from corporate funds	San Antonio, TX 78212-3458
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Refund of contribution received.
0 1: 01:17:	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2024	Gonzalez Campaign, Mary
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 450
Expenditure from corporate funds	Clint, TX 79836
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
	·			
1 Total pages Schedule F1:				
Sch: 3/6 Rpt: 49/52	Texas College Of Emergency Physicians PAC 00016755			
4 Date	5 Payee name			
09/26/2024	Hagenbuch Campaign, Brent			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,500.00	2800 Shoreline Drive			
Expenditure from				
corporate funds	Denton, TX 76210			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Political Contribution			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O				
Date	Payee name			
09/20/2024	Harris Campaign, Cody			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	1007 North Mallard Street			
\$1,000.00	1007 Notiti Mallatu Street			
Expenditure from				
corporate funds	Palestine, TX 75801			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Political Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	· ·			
Date	Payee name			
09/25/2024	Hughes Campaign, Bryan			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,500.00	P.O. Box 450			
Expenditure from	Minagle TV 75772			
corporate funds	Mineola, TX 75773			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXI ENDITORE	Candidate/Officeholder/Political Committee			
	Political Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 4/6 Rpt: 50/52	Texas College Of Emergency Physicians PAC 00016755			
4	Date	5 Payee name			
	09/23/2024	Johnson Campaign, Ann			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,500.00	P.O. Box 56386			
	Expenditure from corporate funds	Houston, TX 77256			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
		Candidate/Officeholder/Political Committee			
		Political Contribution			
_	Complete ONI V if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/Oh				
	Date	Payee name			
	08/06/2024	Lamey, Patrice			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	3001 Osprey Court			
	- Formanditure from				
	Expenditure from corporate funds	Mesquite, TX 75181-4927			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Refund of contribution received.			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	09/12/2024	Negrete, Guillermo			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	7888 County Road 542			
	Expenditure from	Novada TV 75172 9050			
L	corporate funds	Nevada, TX 75173-8050			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Refund of contribution received.			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1: Sch: 5/6 Rpt: 51/52	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	7 Payee address; City; State; Zip Code 2306 Sparrow Branch Court	
Expenditure from corporate funds	Sugar Land, TX 77479-8807	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of contribution received.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date 07/01/2024	Payee name Payscape	
Amount (\$) \$13.62	Payee address; City; State; Zip Code 1438 West Peachtree Street NW	
Expenditure from corporate funds	Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date 08/01/2024	Payee name Payscape	
Amount (\$) \$13.62	Payee address; City; State; Zip Code 1438 West Peachtree Street NW	
Expenditure from corporate funds	Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/6 Rpt: 52/52	Texas College Of Emergency Physicians PAC	00016755
4 Date	5 Payee name	·
09/03/2024	Payscape	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$13.62	1438 West Peachtree Street NW	
F		
Expenditure from corporate funds	Atlanta, GA 30309	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing fees for online/credit card contributions to
		committee.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
08/06/2024	Phillips, Tierney	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$100.00	6621 Crooked Stick Drive	
Expenditure from corporate funds	Fort Worth, TX 76132-4526	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Refund of contribution received.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sou H	ght Office held