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** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 401 West 15th Street, Suite 695 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard NAME NICKNAME LAST **SUFFIX** Robinson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 401 W. 15th Street, Suite 695 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 401 W. 15th Street, Suite 695 MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 306-0605 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

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		00016755	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Trent Ashby State Representa	ative	
(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 check here if this report	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)	\$	1,483.27
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,013.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	151,399.92
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Richar	rd Robinson	
		Signature of Ca	mpaign Treasurer	
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 officer	administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 16

gency Physicians PA			13 Filer ID 00016755	(Ethics Commission Filers)
			00016755	
1. Candidates			00010733	
(Identify by name or, if applicable, classify by party.)		Shelby Slawson State Represer	ntative	
	B. Opposed			
2. Measures (Describe by date and location of election and	A. Supported			
nature or issue.)	B. Opposed			
3. Officeholders Assisted				
(Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Lacey Hull State Representative	Э	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if				
	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.)	2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Lacey Hull State Representative B. Opposed A. Supported Lacey Hull State Representative B. Opposed A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					4 of 16
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commis	sion Filers)
Tex	as Col	lege Of Emergency Physicians PAC	00016755	•	ŕ
		E SUBTOTALS			
l		SCHEDULE		SUBTOTA	L AMOUNT
<u> </u>	0.				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,325.38
				<u> </u>	,
,	\Box	SCHEDITIE 43: NON MONETARY (IN VINID) DOLITICAL CONTRIBUTIONS			
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
-					
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
		ORGANIZATION		,	
_	\Box	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
5. LABOR ORGANIZATION					
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	39.76
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		\$	118.13
		ORGANIZATION		Ψ	110.10
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
10	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	c		2.012.62
10.		SCHEDULE FI. FOLITICAL EXPENDITORES FROM FOLITICAL CONTRIBUTION.	3	\$	3,013.62
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				ļ	
10		COLUED III E EA EVENDITURES MARE DV OREDIT CARD			
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		 \$	
				<u> </u>	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	
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	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 5/16	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 10/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_		San Antonio, TX 78248-2409				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	Houston, TX 77008-1736 cation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Andino, Aldo Louis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	Dallas, TX 75390-7214 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	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 10/11/2024	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	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 6/16	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 10/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$200.00
		San Antonio, TX 78261-1817				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$8.33
	Dringinal occu	Coppell, TX 75019-4188 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	oalion / Job title (See instructions)	Employer (See instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Bell, Atiba E Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50
	Dringing! aggs	Katy, TX 77450-8508	Employer (Coo Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	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)		
	Date 10/11/2024	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>				

	MONET	ARY POLITICAL CONTRIBUT	TONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 7/16	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 10/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$0.83
		Cibolo, TX 78108-3343				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (II Clark, Gary R Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	Granbury, TX 76049-4463 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (II Cox, Stephen Brooke Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2.08
	Principal occu	Austin, TX 78737-4689 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Physician Date	Full name of contributor	D#·)	_	Amount of Contribution (\$)	
	10/11/2024	DeWaal, Craig T	D#		Amount of Contribution (4)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (II Gagnon, Garry F Contributor address; City; State; Zip Code Dallas, TX 75214-3119	D#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
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	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: 4/8 Rpt: 8/16	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 10/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_		Austin, TX 78738-6781				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/11/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	San Antonio, TX 78260-7747 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Gupta, Sandeep K Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.37
	Dringinal occu	Irving, TX 75063-3357 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	oation 7 300 title (See instructions)	Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Hannan, Hashibul Contributor address; City; State; Zip Code Sugar Land, TX 77479-2859			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	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)		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 9/16	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 10/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
		Austin, TX 78738-5639				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/11/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	Trophy Club, TX 76262-5421 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/11/2024	Full name of contributor			Amount of Contribution (\$)	\$8.33
	Principal occu	Forney, TX 75126-5825 pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician	, ,	. , ,			
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Langan, Christopher J Contributor address; City; State; Zip Code Katy, TX 77493-5008			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/11/2024	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	5)		
		•				

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 10/16	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		1	Filer ID (Ethics Commission 00016755	Filers)
4	Date 10/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
		Jersey City, NJ 07304-4321				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID# Magoon, Michael R Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78209-2253 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID# Marquez, Otto J Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$8.33
		Dallas, TX 75214-3559				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID# Martinez, Oscar Contributor address; City; State; Zip Code Cypress, TX 77429-6957	:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID# McCarthy, Terence J Contributor address; City; State; Zip Code Fort Worth, TX 76114-1256	· :		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 11/16	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 10/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$8.33
		Longview, TX 75601-3567				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/11/2024	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	pation / Job title (See Instructions)	Employer (See instructions	')		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Rucker, Ebony R Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$8.33
		El Paso, TX 79934-2300				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Sheena, Douglas A Contributor address; City; State; Zip Code Dallas, TX 75206-0500			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	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)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this for	rm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 12/16	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 10/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1.67
_		Houston, TX 77024-7808				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Tull, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Principal occu	Houston, TX 77004-1255 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Wilke, Eric K Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		College Station, TX 77845-4536				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Wilson, Lawrence A Contributor address; City; State; Zip Code Midland, TX 79707-1451)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Ybarra, Richard Joe Contributor address; City; State; Zip Code South Padre Island, TX 78597-7125)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instru	ctio	on Guide explains how to complete this form.	1	Total pages Schedule C3: Sch: 1/1 Rpt: 13/16
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Texas Colleç	ge (Of Emergency Physicians PAC		00016755
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)
	10/11/2024		American College of Emergency Physicians		39.76

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas College Of Emergency Physicians PAC 00016755 Date 5 Corporation / Labor Organization name 6 Amount (\$) 09/30/2024 Texas College of Emergency Physicians 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 Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 1/2 Rpt: 15/16	Texas College Of Emergency Physicians PAC 00016755		
4 Date	5 Payee name		
10/01/2024	Ashby Campaign, Trent		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 412		
Expenditure from corporate funds	Lufkin, TX 75902		
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		
	Total Contribution		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/24/2024	Hull Campaign, Lacey		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 19231		
Ψ1,000.00	1.0. BOX 13231		
Expenditure from corporate funds	Houston, TX 77224		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Contributions/Donations Made By		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	Political Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
Date	Payoo namo		
	Payee name		
10/01/2024	Payscape		
Amount (\$)	Payee address; City; State; Zip Code		
\$13.62	1438 West Peachtree Street NW		
Expenditure from corporate funds	Atlanta, GA 30309		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
LAFLINDITURE	Check if Austin, TX, officeholder living expense		
	Processing fees for online/credit card contributions to		
	committee.		
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 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/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salarie The Instruction Guide explains how to	ocomplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 16/16	Texas College Of Emergency Physicians PA	AC 00016755
4 Date	5 Payee name	
10/15/2024	Slawson Campaign, Shelby	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip P.O. Box 286	Code
Expenditure from corporate funds	Stephenville, TX 76401	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Political Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	sought Office held