

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Dallas County Medical Society PAC	13 Filer ID (Ethics Commission Filers) 00055755
---	---

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,707.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 34,046.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Gabriela Uquillas

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Dallas County Medical Society PAC		18 Filer ID (Ethics Commission Filers) 00055755
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,707.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 124.03
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/11 Rpt: 4/15
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed M.D., Anisa	7 Amount of Contribution (\$) \$28.00
	6 Contributor address; City; State; Zip Code Richardson, TX 75082-9713	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akundi M.D., Aruna	Amount of Contribution (\$) \$0.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-5116	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson M.D., Howard	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Dallas, TX 75203-1270	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronoff M.D., Phillip	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Dallas, TX 75231-4412	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronoff M.D., Ronald	Amount of Contribution (\$) \$28.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-2539	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/15
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barcelo M.D., Carlos	7 Amount of Contribution (\$) \$21.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75230-6848	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassichis M.D., Benjamin	Amount of Contribution (\$) \$28.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-6301	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxter M.D., Barbara	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75225-6301	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop M.D., Justin	Amount of Contribution (\$) \$47.00
	Contributor address; City; State; Zip Code Dallas, TX 75228-4237	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bleier M.D., Joseph	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Greenville, TX 75402-5496	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/15
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callewart M.D., Craig <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231-5949	7 Amount of Contribution (\$) \$28.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casanova M.D., Mark <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1826	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cocco M.D., Jennyfer <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4210	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Columbus M.D., Cristie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-5133	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danford M.D., Brandon <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251-1522	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/15
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dossett M.D., Lucy <hr/> 6 Contributor address; City; State; Zip Code Roanoke, TX 76262-0619	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durso M.D., Barbara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-5336	Amount of Contribution (\$) \$0.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyrved M.D., Niels-Jorgen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-1923	Amount of Contribution (\$) \$28.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fawcett M.D., Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-6749	Amount of Contribution (\$) \$0.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feferman M.D., Robert <hr/> Contributor address; City; State; Zip Code Irving, TX 75062-2763	Amount of Contribution (\$) \$28.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/15
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez M.D., Victor <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230-2528	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottesman M.D., Andrew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2200	Amount of Contribution (\$) \$28.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez M.D., Maureen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4413	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammack M.D., Mary <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-8124	Amount of Contribution (\$) \$28.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huang M.D., Philip <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-2499	Amount of Contribution (\$) \$28.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/15
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman M.D., Lynn	7 Amount of Contribution (\$) \$42.00
6 Contributor address; City; State; Zip Code Dallas, TX 75390-8879		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurley M.D., Mary	Amount of Contribution (\$) \$46.00
Contributor address; City; State; Zip Code Dallas, TX 75231-4365		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katikaneni M.D., Shalini	Amount of Contribution (\$) \$0.00
Contributor address; City; State; Zip Code Dallas, TX 75254-8609		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaur M.D., Harman	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Mesquite, TX 75150-8247		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerwin M.D., Diana	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Dallas, TX 75206-1910		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/15
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kravitz M.D., Michelle <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230-1817	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaRue M.D., Patricia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208-2340	Amount of Contribution (\$) \$0.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luby M.D., Maureen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-3159	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maliska M.D., Charles <hr/> Contributor address; City; State; Zip Code Palm City, FL 34990-8838	Amount of Contribution (\$) \$0.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pao M.D., Julie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-1904	Amount of Contribution (\$) \$28.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/15
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel M.D., Amit <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219-4301	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel M.D., Satin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-6751	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruitt M.D., Bryan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4220	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Race M.D., James <hr/> Contributor address; City; State; Zip Code Dallas, TX 75224-3000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raza M.D., Maryam <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287-7411	Amount of Contribution (\$) \$28.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/15
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe M.D., Erin	7 Amount of Contribution (\$) \$42.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75205-1892	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saad M.D., Assad	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Dallas, TX 75203-1259	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sehgal M.D., Supriya	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Richardson, TX 75082-4277	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shute M.D., Eric	Amount of Contribution (\$) \$0.00
	Contributor address; City; State; Zip Code Dallas, TX 75235-7535	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart M.D., Kyle	Amount of Contribution (\$) \$28.00
	Contributor address; City; State; Zip Code Dallas, TX 75204-6607	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/15
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 10/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson M.D., Lisa	7 Amount of Contribution (\$) \$42.00
6 Contributor address; City; State; Zip Code Dallas, TX 75218		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toler M.D., Gretchen	Amount of Contribution (\$) \$28.00
Contributor address; City; State; Zip Code Dallas, TX 75231-0978		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran M.D., Maclong	Amount of Contribution (\$) \$28.00
Contributor address; City; State; Zip Code Dallas, TX 75231-4316		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Way M.D., Sarah	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Dallas, TX 75229-4247		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein M.D., Gary	Amount of Contribution (\$) \$28.00
Contributor address; City; State; Zip Code Dallas, TX 75231-4417		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/15
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton M.D., George	7 Amount of Contribution (\$) \$42.00
6 Contributor address; City; State; Zip Code Dallas, TX 75225-2066		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis M.D., Charles	Amount of Contribution (\$) \$28.00
Contributor address; City; State; Zip Code Flower Mound, TX 75022-8110		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooming M.D., George	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Dallas, TX 75205-5416		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Dallas County Medical Society PAC	3 Filer ID (Ethics Commission Filers) 00055755
4 Date 09/30/2024	5 Payee name Dallas County Medial Society	
6 Amount (\$) 124.03 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2611 Fairmount St Dallas, TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Accounting fees