FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00055755 3 COMMITTEE NAME **OFFICE USE ONLY** Dallas County Medical Society PAC Date Received **ELECTRONICALLY FILED** 11/06/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS DCMS** 2611 Fairmount St Change of Address Dallas, TX 75201 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Gabriela NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Uquillas CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 2611 Fairmount St STREET **ADDRESS** (Residence or Business) Dallas, TX 75201 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 413-1426 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 December 5 September 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME	13 Filer ID (Ethics Commission Filers)
Dallas County Medical Society PAC	00055755
4 COMMITTEE 1. Candidates A. Supported	
ACTIVITY (Identify by name or, if applicable, classify by party.)	
(Attach lists on plain paper to complete this report if necessary.)	
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.)	
5 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization thres	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEE	\$ 1,707,00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A OF THE REPORTING PERIOD	\$ 34,046.23
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	S LOANS AS OF THE \$ 0.00
6 AFFIDAVIT	-
I swear, or affirm, u true and correct and under Title 15, Elec	nder penalty of perjury, that the accompanying report is d includes all information required to be reported by me tion 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	

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3	of 15
17 COMMITTE Dallas Cou	EE NAME unty Medical Society PAC	18 Filer ID 00055755	(Ethics Commission Fil	ers)
19 SCHEDULE NAME OF S			SUBTOTAL AMO	UNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1	,707.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	
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. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	124.03
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to comp	olete this forn	1.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/15	
2	FILER NAME Dallas Coun	y Medical Society PAC			3	Filer ID (Ethics Commission 00055755	Filers)
4	Date 10/05/2024	<u> </u>	tate PAC (ID#:		7	Amount of Contribution (\$)	\$28.00
		Richardson, TX 75082-9713					
8	Principal occu Physician	oation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 10/05/2024	Full name of contributor out-of-st Akundi M.D., Aruna Contributor address; City; State; Zip Cod	tate PAC (ID#:)		Amount of Contribution (\$)	\$0.00
	Principal occu	Flower Mound, TX 75028-5116 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician	(000)			,		
	Date 10/05/2024	Anderson M.D., Howard	tate PAC (ID#:)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75203-1270					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/21/2024	Aronoff M.D., Phillip	tate PAC (ID#:			Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/05/2024	Full name of contributor out-of-st Aronoff M.D., Ronald Contributor address; City; State; Zip Cod Dallas, TX 75230-2539	tate PAC (ID#:)		Amount of Contribution (\$)	\$28.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			'				

	MONET	ARY POLITICAL CONT	TRIBUTIONS	5		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this form		1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/15	
2	FILER NAME Dallas Coun	y Medical Society PAC			3	Filer ID (Ethics Commission 00055755	n Filers)
4	Date 10/15/2024	 Full name of contributor out-out-out-out-out-out-out-out-out-out-)	7	Amount of Contribution (\$)	\$21.00
		Dallas, TX 75230-6848					
8	Principal occu Physician	oation / Job title (See Instructions)	9 E	imployer (See Instructions))		
	Date 10/05/2024	Full name of contributor out- Bassichis M.D., Benjamin Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu	Dallas, TX 75229-6301 pation / Job title (See Instructions)	1 =	imployer (See Instructions			
	Physician Physician	oation 7 300 title (See instructions)		imployer (See manuchons)	,		
	Date 10/16/2024	Full name of contributor out- Baxter M.D., Barbara Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75225-6301					
	Principal occu Physician	oation / Job title (See Instructions)	E	imployer (See Instructions))		
	Date 10/21/2024	Full name of contributor out- Bishop M.D., Justin Contributor address; City; State; Zip Dallas, TX 75228-4237	of-state PAC (ID#:)		Amount of Contribution (\$)	\$47.00
	Principal occu Physician	pation / Job title (See Instructions)	E	mployer (See Instructions))		
	Date 10/24/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
	Principal occu Physician	oation / Job title (See Instructions)	E	imployer (See Instructions))		

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/15	
2	FILER NAME Dallas Coun	y Medical Society PAC			3	Filer ID (Ethics Commission 00055755	n Filers)
4	Date 10/05/2024	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$28.00
		Dallas, TX 75231-5949					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 10/11/2024	Full name of contributor Casanova M.D., Mark Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$50.00
	Dringing occur	Dallas, TX 75218-1826		Employer (See Instructions	<u></u>		
	Physician Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor Cocco M.D., Jennyfer Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75231-4210					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/30/2024	Full name of contributor Columbus M.D., Cristie Contributor address; City; State Dallas, TX 75230-5133	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/16/2024	Full name of contributor Danford M.D., Brandon Contributor address; City; State Dallas, TX 75251-1522	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/15	
2	FILER NAME Dallas Count	y Medical Society PAC		3	Filer ID (Ethics Commission 00055755	Filers)
4	Date 10/15/2024	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$7.00
		Roanoke, TX 76262-0619				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Durso M.D., Barbara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$0.00
	Principal occu	Dallas, TX 75214-5336 pation / Job title (See Instructions)	Employer (See Instructions	:)		
	Physician	,		,		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#: Dyrved M.D., Niels-Jorgen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$28.00
		Dallas, TX 75205-1923				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_Fawcett M.D., Michael Contributor address; City; State; Zip Code Dallas, TX 75225-6749)		Amount of Contribution (\$)	\$0.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CON	TRIBUTION	S 		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this forn	1.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/15	
2	FILER NAME Dallas Coun	y Medical Society PAC			3	Filer ID (Ethics Commission 00055755	Filers)
4	Date 10/01/2024	 5 Full name of contributor out Gomez M.D., Victor 6 Contributor address; City; State; Zip)	7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75230-2528					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor out Gottesman M.D., Andrew Contributor address; City; State; Zip	or-of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu	Dallas, TX 75230-2200 pation / Job title (See Instructions)	İ	Employer (See Instructions	_		
	Physician Physician	Jation 7 Job title (See Instructions)		Employer (See instructions	')		
	Date 10/05/2024	Full name of contributor out Gutierrez M.D., Maureen Contributor address; City; State; Zip	o-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75231-4413					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 10/05/2024	Full name of contributor out Hammack M.D., Mary Contributor address; City; State; Zip Plano, TX 75093-8124	o-of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 10/05/2024	Full name of contributor out Huang M.D., Philip Contributor address; City; State; Zip Dallas, TX 75204-2499	o Code)		Amount of Contribution (\$)	\$28.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCH	EDULE A1
	The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule Sch: 6/11 Rpt: 9/19	
2	FILER NAME Dallas Coun	y Medical Society PAC		3 Filer ID (Ethics Cor 00055755	nmission Filers)
4	Date 10/17/2024	 Full name of contributor out-of-state PAC (Huffman M.D., Lynn Contributor address; City; State; Zip Code 		7 Amount of Contribution	on (\$) \$42.00
		Dallas, TX 75390-8879			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instruction:	ns)	
	Date 10/06/2024	Full name of contributor out-of-state PAC (Hurley M.D., Mary Contributor address; City; State; Zip Code	ID#:)	Amount of Contribution	on (\$) \$46.00
	Dringing aggr	Dallas, TX 75231-4365	Employer (See Instruction	20)	
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	15)	
	Date 10/05/2024	Full name of contributor out-of-state PAC (Katikaneni M.D., Shalini Contributor address; City; State; Zip Code	ID#:)	Amount of Contribution	on (\$) \$0.00
		Dallas, TX 75254-8609			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 10/08/2024	Full name of contributor out-of-state PAC (Kaur M.D., Harman Contributor address; City; State; Zip Code Mesquite, TX 75150-8247	ID#:)	Amount of Contribution	on (\$) \$42.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
	Date 10/05/2024	Full name of contributor out-of-state PAC (Kerwin M.D., Diana Contributor address; City; State; Zip Code Dallas, TX 75206-1910	ID#:)	Amount of Contribution	on (\$) \$10.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	ns)	
			- 1		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/15	
2	FILER NAME Dallas Coun	y Medical Society PAC		3	Filer ID (Ethics Commission 00055755	ı Filers)
4	Date 10/05/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$15.00
		Dallas, TX 75230-1817				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/05/2024	Full name of contributor)		Amount of Contribution (\$)	\$0.00
	Principal occu	Dallas, TX 75208-2340 pation / Job title (See Instructions)	Employer (See Instructions	?) 		
	Physician	pation / Job title (See Instructions)	Employer (See Institutions	"		
	Date 10/05/2024	Full name of contributor)		Amount of Contribution (\$)	\$42.00
		Dallas, TX 75230-3159				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_Maliska M.D., Charles Contributor address; City; State; Zip Code Palm City, FL 34990-8838)		Amount of Contribution (\$)	\$0.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Pao M.D., Julie Contributor address; City; State; Zip Code Dallas, TX 75214-1904)	•	Amount of Contribution (\$)	\$28.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		·				

	MONET	ARY POLITICAL CONTRIBI	UTIONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/15
2	FILER NAME Dallas Count	y Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4	Date 10/15/2024	 Full name of contributor out-of-state PA Patel M.D., Amit Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$7.00
		Dallas, TX 75219-4301		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)
	Date 10/05/2024	Full name of contributor out-of-state PA Patel M.D., Satin Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$)
		Dallas, TX 75225-6751		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 10/07/2024	Full name of contributor out-of-state PA Pruitt M.D., Bryan Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$42.00
		Dallas, TX 75231-4220		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 10/05/2024	Full name of contributor out-of-state PA Race M.D., James Contributor address; City; State; Zip Code Dallas, TX 75224-3000	AC (ID#:)	Amount of Contribution (\$)
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 10/05/2024	Full name of contributor out-of-state PARaza M.D., Maryam Contributor address; City; State; Zip Code Dallas, TX 75287-7411	AC (ID#:)	Amount of Contribution (\$)
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ns)
			•	

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/15	
2	FILER NAME Dallas Count	y Medical Society PAC		3	Filer ID (Ethics Commission 00055755	r Filers)
4	Date 10/05/2024	 Full name of contributor out-of-state PAC (II Roe M.D., Erin Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75205-1892				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (II Saad M.D., Assad Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75203-1259 pation / Job title (See Instructions)	Employer (See Instructions) 		
	Physician	oution 7 oob title (occ monuculons)	Employer (See Instructions	13)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (If Sehgal M.D., Supriya Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$42.00
		Richardson, TX 75082-4277				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (II Shute M.D., Eric Contributor address; City; State; Zip Code Dallas, TX 75235-7535	D#:)		Amount of Contribution (\$)	\$0.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (II Stuart M.D., Kyle Contributor address; City; State; Zip Code Dallas, TX 75204-6607	D#:)		Amount of Contribution (\$)	\$28.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	is)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/15	
2	FILER NAME Dallas Count	y Medical Society PAC		3	Filer ID (Ethics Commission 00055755	Filers)
4	Date 10/24/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$42.00
		Dallas, TX 75218				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Toler M.D., Gretchen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$28.00
		Dallas, TX 75231-0978				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Tran M.D., Maclong Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$28.00
		Dallas, TX 75231-4316				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Way M.D., Sarah Contributor address; City; State; Zip Code Dallas, TX 75229-4247)		Amount of Contribution (\$)	\$42.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_Weinstein M.D., Gary Contributor address; City; State; Zip Code Dallas, TX 75231-4417			Amount of Contribution (\$)	\$28.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDUL	E 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		Filer ID (Ethics Commissio 00055755	n Filers)
4	Date 10/08/2024 5 Full name of contributor out-of-state PAC (ID#:	7	Amount of Contribution (\$)	\$42.00
8	Dallas, TX 75225-2066 Principal occupation / Job title (See Instructions) Physician 9 Employer (See Instructions)	ructions)		
	Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$28.00
	Flower Mound, TX 75022-8110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician	ructions)		
	Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$42.00
	Dallas, TX 75205-5416 Principal occupation / Job title (See Instructions) Physician Employer (See Instructions)	ructions)		

	AL EXPENDITURES POLITICAL CONTRIBUTIONS SCHEDULE I				
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I: Sch: 1/1 Rpt:4 Date 09/30/2024	2 FILER NAME Dallas County Medical Society PAC 5 Payee name Dallas County Medial Society				
6 Amount (\$) 124.03 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				