

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00055755	2 Total pages filed: 11
3 COMMITTEE NAME Dallas County Medical Society PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 12/03/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP DCMS 2611 Fairmount St Dallas, TX 75201		
		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Gabriela	MI
	NICKNAME	LAST Uquillas	SUFFIX
		Receipt # Amount	
		Date Processed	
		Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2611 Fairmount St Dallas, TX 75201		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(214) 413-1426	
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input checked="" type="checkbox"/> December 5		
11 PERIOD COVERED	Month Day Year 10/26/2024	THROUGH	Month Day Year 11/25/2024

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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
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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)	\$ 1,046.00
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	\$ 1,046.00
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	\$ 278.42
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: 1/7 Rpt: 4/11
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Admire M.D., Jane	7 Amount of Contribution (\$) \$42.00
6 Contributor address; City; State; Zip Code Dallas, TX 75230-2512		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Physician
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akundi M.D., Aruna	Amount of Contribution (\$) \$28.00
Contributor address; City; State; Zip Code Flower Mound, TX 75028-5116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 11/01/2024	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)		Employer (See Instructions) Physician
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barcelo M.D., Carlos	Amount of Contribution (\$) \$21.00
Contributor address; City; State; Zip Code Dallas, TX 75230-6848		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockie M.D., Robert	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2814		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/11
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brylowski M.D., Andrew <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75234-7293	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Physician
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Constantine M.D., Fadi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4406	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denison M.D., Stephanie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-5617	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dossett M.D., Lucy <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262-0619	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 11/01/2024	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)		Employer (See Instructions) Physician

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/11
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa M.D., Ivan <hr/> 6 Contributor address; City; State; Zip Code Coppell, TX 75019-9581	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Physician
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan M.D., Brody <hr/> Contributor address; City; State; Zip Code Dallas, TX 75246-1621	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster M.D., Michael <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-3418	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fried M.D., Gabriel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-4350	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer M.D., Laura <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4391	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/11
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffernan M.D., Jennifer <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-5221	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Physician
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holub M.D., Michael <hr/> Contributor address; City; State; Zip Code Lucas, TX 75002-7428	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iannaccone M.D., Susan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390-9063	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane M.D., Alex <hr/> Contributor address; City; State; Zip Code Dallas, TX 75235-7701	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katicaneni M.D., Shalini <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-8609	Amount of Contribution (\$) \$0.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/11
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaRue M.D., Patricia <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75208-2340	7 Amount of Contribution (\$) \$0.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Physician
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leffert M.D., Jonathan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-0820	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 11/01/2024	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)		Employer (See Instructions) Physician
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyland D.O., Chad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219-4369	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker M.D., Thornwell <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-4469	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/11
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 11/15/2024	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)		9 Employer (See Instructions) Physician
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfeiffer M.D., M. Leslie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243-6602	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pritchard M.D., Marcia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201-2223	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reades M.D., Rosalyn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208-3357	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sepdham M.D., Dan <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-7646	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/11
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shute M.D., Eric	7 Amount of Contribution (\$) \$0.00
6 Contributor address; City; State; Zip Code Dallas, TX 75235-7535		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Physician
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutker M.D., William	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Dallas, TX 75287-7416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zandomeni M.D., Gabriela	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Heath, TX 75032-2098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician

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 10/31/2024	5 Payee name Dallas County Medial Society	
6 Amount (\$) 278.42 <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.) acctg system