

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

<b>The MPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00055755	<b>2</b> Total pages filed: 10
<b>3</b> COMMITTEE NAME Dallas County Medical Society PAC		<b>OFFICE USE ONLY</b>	
<b>4</b> COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		Date Received <b>ELECTRONICALLY FILED</b> 01/02/2025	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP DCMS 2611 Fairmount St Dallas, TX 75201		Date Hand-delivered or Date Postmarked	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Gabriela	Receipt # Amount	
	NICKNAME LAST SUFFIX Uquillas	Date Processed	
		Date Imaged	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2611 Fairmount St Dallas, TX 75201		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 413-1426		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)		
<b>10</b> MONTHLY REPORT FILING DEADLINE	<input checked="" 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 type="checkbox"/> December 5		
<b>11</b> PERIOD COVERED	Month Day Year THROUGH Month Day Year 11/26/2024 12/25/2024		

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Dallas County Medical Society PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00055755
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,132.00
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 34,046.21
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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

<b>17 COMMITTEE NAME</b> Dallas County Medical Society PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00055755
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,132.00
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	\$ 160.93
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/10
<b>2</b> FILER NAME Dallas County Medical Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055755
<b>4</b> Date 12/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Albarracin M.D., Cesar <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75382-1776	<b>7</b> Amount of Contribution (\$)  \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson M.D., Karin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-3622	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Auerbach M.D., David <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75216-7167	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cary M.D., Melissa <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206-6019	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carter M.D., Adam <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201-1716	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/10
<b>2</b> FILER NAME Dallas County Medical Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055755
<b>4</b> Date 12/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chanez M.D., James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231-4469	<b>7</b> Amount of Contribution (\$)  \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 12/15/2024	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) Physician		Employer (See Instructions)
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Euwer M.D., Rebecca <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75234-7852	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/28/2024	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 (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haley M.D., Robert <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75390-8874	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/10
<b>2</b> FILER NAME Dallas County Medical Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055755
<b>4</b> Date 12/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hendrix M.D., Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78218-2118	<b>7</b> Amount of Contribution (\$) \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huh M.D., Albert <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75390-9068	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jaleel M.D., Mambarambath <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75390-9063	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kennedy M.D., Julie <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75287-4022	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kooner M.D., Karanjit <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75390-9057	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/10
<b>2</b> FILER NAME Dallas County Medical Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055755
<b>4</b> Date 12/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lieu M.D., Philip	<b>7</b> Amount of Contribution (\$)  \$42.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230-5320		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mccreesh M.D., Patrick	Amount of Contribution (\$)  \$42.00
Contributor address; City; State; Zip Code  Dallas, TX 75390-9125		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore M.D., Robert	Amount of Contribution (\$)  \$42.00
Contributor address; City; State; Zip Code  Dallas, TX 75219-4510		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy M.D., Joseph	Amount of Contribution (\$)  \$42.00
Contributor address; City; State; Zip Code  Dallas, TX 75390-9158		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newton M.D., Dennis	Amount of Contribution (\$)  \$42.00
Contributor address; City; State; Zip Code  Carrollton, TX 75006-4727		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/10
<b>2</b> FILER NAME Dallas County Medical Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055755
<b>4</b> Date 12/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel M.D., Amit <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75219-4301	<b>7</b> Amount of Contribution (\$)  \$7.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pollock M.D., Todd <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231-4203	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosen M.D., Robin <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75390-9032	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rubin M.D., Michael <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206-6722	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shah M.D., Anjali <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75390-9055	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/10
<b>2</b> FILER NAME Dallas County Medical Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055755
<b>4</b> Date 12/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tillman M.D., Ryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092-1423	<b>7</b> Amount of Contribution (\$) \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wadhwa M.D., Anupama <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75390-9068	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitman M.D., Jeffrey <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243-6602	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yepes M.D., Armando <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243-3787	Amount of Contribution (\$) \$10.00
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.

<b>1</b> Total pages Schedule I: Sch: 1/1 Rpt:	<b>2</b> FILER NAME Dallas County Medical Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00055755
<b>4</b> Date 11/30/2024	<b>5</b> Payee name Dallas County Medial Society	
<b>6</b> Amount (\$) 160.93 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 2611 Fairmount St Dallas, TX 75201	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Acctg fees