

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society	13 Filer ID (Ethics Commission Filers) 00084224
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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 Sen. Angela Paxton State Senator
		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)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,904.51
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.

Sam Barbee
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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 14

12 COMMITTEE NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		13 Filer ID (Ethics Commission Filers) 00084224
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 Sen. Lois Kolkhorst State Senator 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Matt Shaheen State Representative 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.)	
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 Commissioner Darrell Hale County Commissioner 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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 4 of 14

12 COMMITTEE NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		13 Filer ID (Ethics Commission Filers) 00084224
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 Commissioner Cheryl Williams County Commissioner
		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.)	

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		18 Filer ID 00084224	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3,750.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	3,750.00
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
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: 6/14
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 12/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angobaldo, Jeff <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Renaissance Plastic Surgery
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Candlestick Lane Investments <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappell M.D., Timothy (Dr.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Collin County Pulmonary Associates
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Leon, Guillermo (Dr.) <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhudshia M.D., Neha (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75240	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Internal Medicine Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 7/14
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 10/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz M.D., Marlene (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75035	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Plano Wellness
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellemn M.D., Michael (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob, Katherine (Dr.) <hr/> Contributor address; City; State; Zip Code Redlands, CA 92373	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kachmann M.D., Jeffrey (Dr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kainth M.D., Manvinder (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Maple Primary Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 8/14
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Scott (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Helotes, TX 78023	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Allen Anesthesia
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapadia M.D., Darshan (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Internal Medicine Associates of West Plano
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katari M.D., Vijay (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kouyoumjian, Adam (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OrthoTexas
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kureishy M.D., Shahrukh (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McKinney, TX 75069	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 9/14
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDuffie M.D., Chad (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Frisco, TX 75035	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Ear, Nose & Throat Associates of TX
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Sejal (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Allen, TX 75013	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Psychiatric Medical Associates
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mestry, Kaustubh (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Frisco, TX 75034	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nandeeshwar, Pallavi (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code McKinney, TX 75069	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texoma Arthritis Clinic
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noorhasan M.D., Dorette (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Frisco, TX 75034	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 10/14
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northcutt, Brian (Dr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Richardson, TX 75082		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Graham Regional Medical Center
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker Jr MD, Darwin (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Plano, TX 75093-7767		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Anesthesia Partners
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed M.D., Donald (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Frisco, TX 75035		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubianes M.D., Elba (Dr.)	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Prosper, TX 75078		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins M.D., John (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Plano, TX 75075		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 11/14
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran M.D., Diep Denise (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McKinney, TX 75075	
8 Principal occupation / Job title (See Instructions) MD		9 Employer (See Instructions) Baylor Scott & White
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Thomas (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiovascular Consultants of N. TX
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang M.D., Allen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Dallas Eye Associates
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warthan M.D., Mandy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Prosper, TX 75965-6519	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Warthan Dermatology
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wicks, Joyclyn (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Frisco, TX 75034	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 12/14
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 12/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagnik M.D., Hitesh (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 13/14	2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County	3 Filer ID (Ethics Commission Filers) 00084224
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4 Date 11/01/2024	5 Payee name Angela Paxton Campaign
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5613 S. Woodcreek Circle McKinney, TX 75071
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2024	Payee name Cheryl Williams Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 835031 Richardson, TX 75083
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2024	Payee name Darrell Hale Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3705 Amon Carter Drive McKinney, TX 75070
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 14/14	2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County	3 Filer ID (Ethics Commission Filers) 00084224
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4 Date 10/15/2024	5 Payee name Lois Kolkhorst Campaign
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 2546 Brenham, TX 77834
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2024	Payee name Matt Shaheen For State Representative
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Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3917 Malton Drive Plano, TX 75025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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