FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084224 3 COMMITTEE NAME **OFFICE USE ONLY** North Texas Physicians PAC of the Collin-Fannin County Medical Society Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2701 West 15th St. Ste. 501 Date Hand-delivered or Date Postmarked Change of Address Plano, TX 75075 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Sam NAME NICKNAME LAST **SUFFIX** Barbee STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2701 West 15th Street STREET **ADDRESS** Ste. 501 (Residence or Business) Plano, TX 75075 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2701 West 15th Street MAILING **ADDRESS** Ste. 501 Plano, TX 75075 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 291-1954 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Day Month Day Year Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
North Texas Physicians PA	AC of the Collin-Fan	nin County Medical Society	0008422	24
ACTIVITY (Ide	Candidates entify by name or, if olicable, classify by party.)	A. Supported Sen. Angela Paxton State Se	enator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(De	Measures escribe by date and location election and nature of issue.)	A. Supported		
		B. Opposed		
(Ide	Officeholders Assisted entify by name or, if elicable, classify by party.)			
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
2.		L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,750.00
EXPENDITURE 3. TOTALS	TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
4.	TOTAL POLITICA	L EXPENDITURES	\$	3,750.00
CONTRIBUTION 5. BALANCE	TOTAL POLITICAL O	CONTRIBUTIONS MAINTAINED AS OF THE LAS 3 PERIOD	T DAY \$	13,904.51
OUTSTANDING 6. LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			·	
		I swear, or affirm, under penalty of particles and correct and includes all info under Title 15, Election Code.		
		San	n Barbee	
		Signature of C	ampaign Trea	surer
AFFIX NOTARY STA	AMP / SEAL ABOVE			
Sworn to and subscribed bef	ore me, by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer admin	istering oath	Printed name of officer administering oath	Title of o	fficer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 14

North Texas 14 COMMITTEE ACTIVITY (Attach lists of paper to com report if neces	(Identify by name applicable, classion plain plete this	B. Opp	posed	Medical Society Sen. Lois Kolkhorst State	00084224 Senator	
ACTIVITY (Attach lists of paper to com	(Identify by name applicable, classion plain plete this ssary.) 2. Measures (Describe by data location of election nature of issue.) 3. Officehold Assisted	B. Oppose and B. Oppose B.	posed	Sen. Lois Kolkhorst State	Senator	
paper to com	2. Measures (Describe by date location of election nature of issue.) 3. Officehold Assisted	A. Super and and B. Opp	oported			
	(Describe by date location of electic nature of issue.) 3. Officehold Assisted	e and on and B. Opp				
	Assisted		posed			
	Assisted	ders				
	applicable, classi	e or, if				
COMMITTEE ACTIVITY	Candidate (Identify by name applicable, classi	e or, if	oported	Rep. Matt Shaheen State	Representative	
(Attach lists of paper to come report if necessity)	plete this	В. Орг	posed			
	Measures (Describe by date location of election at ure of issue.)	e and	oported			
		В. Ор	posed			
	3. Officehold Assisted (Identify by name applicable, classi	e or, if				
COMMITTEE ACTIVITY	Candidate (Identify by name applicable, classi		oported	Commissioner Darrell Hale	County Commission	ner
(Attach lists of paper to come report if necessity)	plete this	В. Ор	posed			
	Measures (Describe by date location of election at the property of the	e and on and	oported			
		В. Ор	posed			
	Officehold Assisted (Identify by name applicable, classi	e or, if				

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

PURPOSE		Page 4 of 14
12 COMMITTEE NAME	tellia Farmia Carret Madical Carrie	13 Filer ID (Ethics Commission Filers)
North Texas Physicians PAC of the C		00084224
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name of applicable, classify)	1	liams County Commissioner
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures (Describe by date a location of election	A. Supported	
nature of issue.)	B. Opposed	
3. Officeholde Assisted	ers	
(Identify by name o applicable, classify	r, if	

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

5 of 14							
17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)							
North Tex							
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT				
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 3,750.00						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR .	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORC	SANIZATION	\$				
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$				
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION						
9.	9. SCHEDULE E: LOANS						
10. X	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS						
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.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 6/14	
2	FILER NAME	Physicians PAC of the Collin-	Fannin County Medical	Society	3	Filer ID (Ethics Commission 00084224	on Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/17/2024	Angobaldo, Jeff	<u> </u>			,	\$100.00
		6 Contributor address; City; Sta	ate; Zip Code				
		Plano, TX 75024					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Physician			Renaissance Plastic Su	rge	ery	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/04/2024	Candlestick Lane Investme	ents				\$1,000.00
		Contributor address; City; Sta	ate; Zip Code				
		Plano, TX 75024					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	09/11/2024	Chappell M.D., Timothy (D	Dr.)				\$100.00
		Contributor address; City; Sta	ate; Zip Code				
		Allen, TX 75013					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Collin County Pulmonar	y A	ssociates	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/21/2024	De Leon, Guillermo (Dr.) Contributor address; City; Sta	ate; Zip Code				\$100.00
		Coppell, TX 75019					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/29/2024	Dhudshia M.D., Neha (Dr.))				\$100.00
		Contributor address; City; Sta	ate; Zip Code				
		Plano, TX 75240					
		pation / Job title (See Instructions)		Employer (See Instructions			
L	Physician			Internal Medicine Assoc	iat	es	

	MONETARY POLITICAL CONTRIBUTIONS			S		SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 7/14		
2	FILER NAME North Texas	Physicians PAC of the Collin-	Fannin County Medical S	Society	3	Filer ID (Ethics Commission 00084224	n Filers)	
4	Date 10/22/2024	5 Full name of contributorDiaz M.D., Marlene (Dr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00	
		Plano, TX 75035						
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Plano Wellness	5)			
	Date 12/30/2024	Full name of contributor Hellemn M.D., Michael (Dr Contributor address; City; Sta				Amount of Contribution (\$)	\$100.00	
	Principal occu	Plano, TX 75075 pation / Job title (See Instructions))	Employer (See Instructions	 			
	Physician	,		Self	,			
	Date 12/28/2024	Full name of contributor Jacob, Katherine (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00	
		Redlands, CA 92373						
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 09/19/2024	Full name of contributor Kachmann M.D., Jeffrey (I Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$100.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self	5)			
	Date 10/11/2024	Full name of contributor Kainth M.D., Manvinder (D Contributor address; City; Sta				Amount of Contribution (\$)	\$100.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Maple Primary Care	5)			
			1					

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 8/14	
2	FILER NAME North Texas	Physicians PAC of the Collin-	Fannin County Medica	l Society	3	Filer ID (Ethics Commission 00084224	า Filers)
4	Date 12/23/2024	Full name of contributor Kane, Scott (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Helotes, TX 78023					
8	Principal occu Physician	pation / Job title (See Instructions))	9 Employer (See Instructions Allen Anesthesia	s)		
	Date 12/18/2024	Full name of contributor Kapadia M.D., Darshan (D Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	Principal occu	Plano, TX 75093 upation / Job title (See Instructions))	Employer (See Instructions	 		
	Physician			Internal Medicine Assoc	ciate	es of West Plano	
	Date 12/10/2024	Full name of contributor Katari M.D., Vijay (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Frisco, TX 75035					
	Principal occu Physician	pation / Job title (See Instructions))	Employer (See Instructions Self	5)		
	Date 12/29/2024	Full name of contributor Kouyoumjian, Adam (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions))	Employer (See Instructions OrthoTexas	s)		
	Date 10/05/2024	Full name of contributor Kureishy M.D., Shahrukh (Contributor address; City; Sta				Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions))	Employer (See Instructions Self	<u>1</u> S)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE	€ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 4/7 Rpt: 9/14	
2	FILER NAME North Texas	Physicians PAC of the Collin-	Fannin County Medical	I Society	3 Filer ID (Ethics Commission 00084224	Filers)
4	Date 10/31/2024	Full name of contributor McDuffie M.D., Chad (Dr.) Contributor address; City; Sta)	7 Amount of Contribution (\$)	\$100.00
		Frisco, TX 75035				
8	Principal occu Physician	ıpation / Job title (See Instructions)) [5	9 Employer (See Instructions Ear, Nose & Throat Ass		
	Date 12/26/2024	Full name of contributor Mehta, Sejal (Dr.) Contributor address; City; Sta Allen, TX 75013	out-of-state PAC (ID#: ate; Zip Code)	Amount of Contribution (\$)	\$100.00
	Principal occu	ipation / Job title (See Instructions))	Employer (See Instructions		
	Physician			Psychiatric Medical Ass	sociates	
	Date 12/22/2024	Full name of contributor Mestry, Kaustubh (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
		Frisco, TX 75034				
	Principal occu Physician	ıpation / Job title (See Instructions)		Employer (See Instructions Self	s)	
	Date 12/21/2024	Full name of contributor Nandeeshwar, Pallavi (Dr. Contributor address; City; Sta	·)	Amount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions))	Employer (See Instructions Texoma Arthritis Clinic	s)	
	Date 12/11/2024	Full name of contributor Noorhasan M.D., Dorette (Contributor address; City; Sta			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	I pation / Job title (See Instructions))	Employer (See Instructions Self	s)	
			·			

	MONETARY POLITICAL CONTRIBUTIONS			NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 10/14	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	North Texas	Physicians PAC of the Collin-	Fannin County Medical	Society	L	00084224	
4	Date 10/18/2024	5 Full name of contributor Northcutt, Brian (Dr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		Richardson, TX 75082					
8	Principal occu	pation / Job title (See Instructions)) [9	Employer (See Instructions	<u>L</u>		
	Physician	(Graham Regional Medic		Center	
	Date	Full name of contributor	Out of state DAC (ID#)	,	Г	Amount of Contribution (\$)	
	10/05/2024	Parker Jr MD, Darvin (Dr.)	out-of-state PAC (ID#:)		Amount of Contribution (4)	\$100.00
	10/03/2024						Φ100.00
		Contributor address; City; Sta	ate; Zip Code				
		Plano, TX 75093-7767					
		pation / Job title (See Instructions))	Employer (See Instructions			
	Physician			US Anesthesia Partners	; 		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Reed M.D., Donald (Dr.)					\$50.00
		Contributor address; City; Sta	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u> </u>		
	Physician	,		Self	•		
	Date	Full name of contributor	out-of-state PAC (ID#:	`	Г	Amount of Contribution (\$)	
	12/07/2024	Rubianes M.D., Elba (Dr.) Contributor address; City; Sta				y another of contribution (c)	\$30.00
	Princinal occu	pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	:) 		
	Physician	padon / dob ade (doe modudació)		Self	',		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	08/23/2024	Tompkins M.D., John (Dr.)					\$100.00
		Contributor address; City; Sta Plano, TX 75075	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Physician			Self			
			'				

	MONETARY POLITICAL CONTRIBUTIONS			NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 11/14	
2	FILER NAME	Dhysisians DAC of the Collin	Fannin County Medical	Society	3	Filer ID (Ethics Commission	n Filers)
		Physicians PAC of the Collin-		Society	L	00084224	
4	Date 11/01/2024	5 Full name of contributorTran M.D., Diep Denise (E6 Contributor address; City; St	······)	7	Amount of Contribution (\$)	\$100.00
		McKinney, TX 75075					
8	Principal occu MD	pation / Job title (See Instructions)	Employer (See Instructions Baylor Scott & White	5)		
	Date 12/29/2024	Full name of contributor Waller, Thomas (Dr.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	Plano, TX 75093 pation / Job title (See Instructions	\	Employer (See Instructions	·/ 		
	Physician	pation / Job title (See instructions	,	Cardiovascular Consulta		s of N. TX	
	Date 10/02/2024	Full name of contributor Wang M.D., Allen (Dr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Plano, TX 75093					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician			North Dallas Eye Assoc	iate	es es	
	Date 09/21/2024	Full name of contributor Warthan M.D., Mandy (Dr Contributor address; City; St Prosper, TX 75965-6519)		Amount of Contribution (\$)	\$150.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Warthan Dermatology	5)		
	Date 12/23/2024	Full name of contributor Wicks, Joyclyn (Dr.) Contributor address; City; St Frisco, TX 75034	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions		Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION)NS	S			SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm).	1	Total pages Sc Sch: 7/7 Rpt:		
2	FILER NAME North Texas	: Physicians PAC of the Collin-Fannin County Medic	al Sc	ociety	3	Filer ID (Ethic	cs Commission	n Filers)
4	Date 12/26/2024	5 Full name of contributor out-of-state PAC (ID#:_ Yagnik M.D., Hitesh (Dr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Con	tribution (\$)	\$100.00
_	Dringing age	Plano, TX 75093		Employer (See Instructions	<u></u>			
8	Principal occu Physician	ıpation / Job title (See Instructions)		Employer (See Instructions Self	5)			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 13/14	North Texas Physicians PAC of the Collin-Fannin County 00084224
4 Date	5 Payee name
11/01/2024	Angela Paxton Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	5613 S. Woodcreek Circle
Expenditure from corporate funds	McKinney, TX 75071
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/01/2024	Cheryl Williams Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	PO Box 835031
+ 200.00	. 6 26/. 666662
Expenditure from corporate funds	Richardson, TX 75083
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	
Date	Payee name
11/01/2024	Darrell Hale Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	3705 Amon Carter Drive
Expenditure from corporate funds	McKinney, TX 75070
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete CNU V if all	Condidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
, , . ,	

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
•	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 14/14	North Texas Physicians PAC of the Collin-Fannin County 00084224
4 Date	5 Payee name
10/15/2024	Lois Kolkhorst Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 2546
Expenditure from corporate funds	Brenham, TX 77834
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/01/2024	Matt Shaheen For State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	3917 Malton Drive
Expenditure from corporate funds	Plano, TX 75025
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held