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) 00080288 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of UT Southwestern Medical Center Date Received **ELECTRONICALLY FILED** 01/14/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 12900 Preston Road, Ste. 1210 Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75230 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Margaret O. NAME NICKNAME LAST **SUFFIX** Jackson Au.D STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 12900 Preston Road, Ste. 1210 STREET **ADDRESS** (Residence or Business) Dallas, TX 75230 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 12900 Preston Road, Ste. 1210 MAILING **ADDRESS** Dallas, TX 75230 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 505-3900 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 Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES \$ CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	on Filers)
1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of Issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 2. TOTALS 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 2. Total Contributions (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classif	
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CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	0.00
	1,027.63
	93,601.99
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$	0.00
6 AFFIDAVIT	
I swear, or affirm, under penalty of perjury, that the accompanying repo true and correct and includes all information required to be reported by under Title 15, Election Code.	
Ms. Margaret O. Jackson Au.D	
Signature of Campaign Treasurer	
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said, this the da	àУ
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 oa	•

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3 of 8
17 COMMITTEE NAME Friends of UT Southwestern Medical Center		18 Filer ID 00080288	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. X SCHEDULE A1: MONETARY POLI	FICAL CONTRIBUTIONS		\$ 46,500.00
2. SCHEDULE A2: NON-MONETARY	(IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRI	BUTIONS		\$
4. SCHEDULE C1: MONETARY CONTO	FRIBUTIONS FROM CORPORATION OR LABO	DR	\$
5. SCHEDULE C2: NON-MONETARY LABOR ORGANIZATION	(IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPF	PORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7. SCHEDULE C4: NON-MONETARY ORGANIZATION	SUPPORT FROM CORPORATION OR LABOR	!	\$
8. SCHEDULE D: PLEDGED CONTRI	BUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS			\$
10. X SCHEDULE F1: POLITICAL EXPEN	IDITURES FROM POLITICAL CONTRIBUTION	S	\$ 1,027.63
11. SCHEDULE F2: UNPAID INCURRE	D OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF IN	VESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES N	MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXF	PENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDIT TO FILER	S, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/8		
2	FILER NAME Friends of U	Γ Southwestern Medical Center			3	Filer ID (Ethics Commission 00080288	on Filers)	
4	Date 12/20/2024	5 Full name of contributorBridwell, Tucker6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$)	\$5,000.00	
		Abilene, TX 79601	,					
8	Principal occu Investments	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Date 12/04/2024	Full name of contributor Carreker, James D. (Mr.) Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Company Fo			, . , . (,			
	Date 12/04/2024	Full name of contributor Conaway, Joan Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Dallas, TX 75219						
	Principal occu Community	pation / Job title (See Instructions) /olunteer		Employer (See Instructions	i)			
	Date 12/04/2024	Full name of contributor Crow, Harlan R. Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$20,000.00	
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 12/04/2024	Full name of contributor Dedman, Robert Contributor address; City; State Dallas, TX 75225	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu Principal	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
			<u> </u>					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/3 Rpt: 5/8		
2	FILER NAME Friends of U	T Southwestern Medical Cente	er		3	Filer ID (Ethics Commission 00080288	on Filers)	
4	Date 12/20/2024	5 Full name of contributorEagle, John6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00	
		Dallas, TX 75205						
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions	s)			
	Date 12/04/2024	Full name of contributor Haley, Stephanie K. Contributor address; City; Sta				Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Date 12/31/2024					Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Dallas, TX 75205 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	Date 12/20/2024	Full name of contributor Pearl Advisors LLC Contributor address; City; Sta)		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>			
	Date 12/04/2024	Full name of contributor Rathjen, Karl Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	s)			
			<u> </u>					

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	LE A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 3/3 Rpt: 6/8	
2	FILER NAME Friends of U	T Southwestern Medical Center			1	Filer ID (Ethics Commission	on Filers)
4	Date 12/04/2024	 Full name of contributor out-of-st Rose III, William Contributor address; City; State; Zip Cod 	tate PAC (ID#:		7	Amount of Contribution (\$)	\$2,000.00
		Dallas, TX 75220					
8	Principal occup	pation / Job title (See Instructions) eer	9	Employer (See Instruction	s)		
	Date 12/04/2024	Full name of contributor	tate PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
		Contributor address; City; State; Zip Cod	de				
	Principal occu	Dallas, TX 75220 pation / Job title (See Instructions)		Employer (See Instruction	s)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Gift/Awards/Memorials Ex Legal Services The Instruction Guid	rpense Print Sala		se s/Contract Labor	Travel III District Travel Out of Distr OTHER (enter a ca	ict ategory not listed above)
1	Total pages Schedule F1:	2 FILER NA	AME				3 Filer ID	(Ethics Commission Filers)
	Sch: 1/2 Rpt: 7/8	Friends	of UT Southwestern I	Medical Cente	er		00080288	
4	Date	5 Payee na	.me					
	11/21/2024	FedEx						
6	Amount (\$)	7 Payee ad	ldress; City;	State; Zip	Code			
	\$27.58	P.O. Box	x 660481					
	Expenditure from corporate funds	Dallas, 1	TX 75266-0481					
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE	Office O	verhead/Rental Expe	ense			outside of Texas. Compl	
						_	n, TX, officeholder living e	
						Overnight de	livery service for	committee
9	Complete ONLY if direct	Candidato	Officeholder name	Office	sought		Office hel	d
_	expenditure to benefit C/OF		Oniceriolder Hame	Office	Sought		Office field	u
	Date	Payee na	me					
	11/21/2024	FedEx						
	Amount (\$)	Payee ad	ldress; City;	State; Zip	Code			
	\$25.43	P.O. Box	x 660481					
	Expenditure from corporate funds	Dallas, 1	TX 75266-0481					
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE	Office O	verhead/Rental Expe	ense			outside of Texas. Compl	
						ш	n, TX, officeholder living e livery service for	
						Overnight de	ilivery service for	Committee
	Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Office	sought		Office hel	d
	Date	Payee na	me					
	11/21/2024	FedEx						
	Amount (\$)	Payee ad	ldress; City;	State; Zip	Code			
	\$36.62	P.O. Box	x 660481					
	Expenditure from corporate funds	Dallas, 1	TX 75266-0481					
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE	Office O	verhead/Rental Expe	ense			outside of Texas. Compl	
							n, TX, officeholder living e livery service for	
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\vdash	Complete ONLY if direct	Candidate	Officeholder name	Office	sought		Office hel	d .
	expenditure to benefit C/OF		CSoliolasi Hailie	Omice	Jougni		Since field	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 8/8	Friends of UT Southwestern Medical Center 00080288
4 Date	5 Payee name
10/31/2024	First Horizon Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.00	8201 Preston Road, Suite 200
- "	
Expenditure from corporate funds	Dallas, TX 75225
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank service charge for committee
	Zalini dali 1100 di laliggi idi dalimintado
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/13/2024	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$468.00	6600 North Military Trail
Expenditure from corporate funds	Boca Raton, FL 33496
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Postage expense for committee
	- Coalge expense io Commission
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/13/2024	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$468.00	6600 North Military Trail
,	
Expenditure from corporate funds	Boca Raton, FL 33496
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
	Check if Austin, TX, officeholder living expense Postage expense for committee
	Postage expense for confinitive
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	