GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00016755		2 Total pages filed: 50	
3	COMMITTEE NAME					OFFICE USE ONLY	
	Texas College Of I	Emergency Physicians PAC				Date Received	
						ELECTRONICALLY FILED	
						01/14/2025	
4	COMMITTEE ADDRESS		TY;	STATE; ZIP C	ODE		
	ADDREGG	401 West 15th Street, Suite 695				Date Hand-delivered or Date Postmarked	
	Change of Address	Austin TV 70701					
		Austin, TX 78701				Receipt # Amount	
						Date Processed	
						Date Imaged	
5		MS / MRS / MR FIRST				MI	
	TREASURER NAME	Mr. Richard					
		NICKNAME LAST				SUFFIX	
		Robinson					
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE	
	STREET ADDRESS	401 W. 15th Street, Suite 695					
	(Residence or Business)	Austin, TX 78701					
7		STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE	
	TREASURER MAILING	401 W. 15th Street, Suite 695					
	ADDRESS						
	Change of Address	Austin, TX 78701					
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EX	TENSION			
	PHONE	(512) 306-0605					
9	REPORT	X January 15	0th r	lay before election		Dissolution (Attach PAC-DR)	
	TYPE			ay before election		10th day after campaign treasurer	
		July 15		-		termination	
			luno	n			
10	PERIOD COVERED	Month Day Year		Month	Day	Year	
		10/27/2024 Т	HK(DUGH 12/3	31/2024		
11	ELECTION	ELECTION DATE		ELECTION T	YPE		
			Prim			Other	
			Gen	eral Special			
		GO	то	PAGE 2			
Foi	rms provided by Tex	kas Ethics Commission www.e	thic	s.state.tx.us		Version V4.1.0.5dd2ace2	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Texas College Of Emerg	gency Physicians PAC		000167	755		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Donna Campbell State Senato	or			
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,446.36		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				
	4. TOTAL POLITICA	L EXPENDITURES	\$	37,068.89		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	116,336.90		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.				
		Mr. Richar	d Robinsc	on		
		Signature of Ca	mpaign Tre	easurer		
AFFIX NOTARY	STAMP / SEAL ABOVE					
		, ti	nis the	day		
of	, 20, to certify v	which, witness my hand and seal of office.				
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of	officer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2		

FORM GPAC

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12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
Texas College Of Emergency Physicians F	AC	00016755	
14 COMMITTEE 1. Candidates ACTIVITY (Identify by name or, if applicable, classify by party)	A. Supported Molly Cook State Senator		
(Attach lists on plain paper to complete this report if necessary.)	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 1. Candidates ACTIVITY (Identify by name or, if applicable, classify by party	A. Supported Pete Flores State Senator		
(Attach lists on plain paper to complete this report if necessary.)	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 1. Candidates	A. Supported Kelly Hancock State Senator		
ACTIVITY (Identify by name or, if applicable, classify by party			
(Attach lists on plain paper to complete this report if necessary.)	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			

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12 COMMITTEE NAME	13 Filer ID	(Ethics Commission Filers)			
Texas College Of Emer	gency Physicians PA	AC		00016755	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Joan Huffman State Senator		
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Nathan Johnson State Senator		
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates	A. Supported	Lois Kolkhorst State Senator		
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		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.)				

FORM GPAC

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12 COMMITTEE NAME	13 Filer ID	(Ethics Commission Filers)			
Texas College Of Emer	gency Physicians PA	AC		00016755	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	d Mayes Middleton State Senato	r	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	I		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	d		
		B. Opposed	I		
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	d Borris Miles State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	d		
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	d Angela Paxton State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	1		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	d		
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas College Of Emer	gency Physicians PA	AC		00016755	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Charles Perry State Senator		
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Charles Schwertner State Sena	tor	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates	A. Supported	Kevin Sparks State Senator		
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		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.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas College Of Emer	rgency Physicians PA	AC			00016755	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Sup	ported	Judith Zaffirini State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opp	osed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported			
		В. Орр	osed			
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		ported	Armando Walle State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed			
	2. Measures	A. Sup	ported			
	(Describe by date and location of election and nature of issue.)					
		В. Орр	osed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates		portod	Pabby Cuarra, Stata Danragante		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		porteu	Bobby Guerra State Representa	auve	
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	ported			
		В. Орр	osed			
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
Example a set for all the T						<u> </u>

FORM GPAC

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)		
Texas College Of Emer	gency Physicians PA	AC	00016755				
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Caroline Harris Davila State Rep	presentative			
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Cecil Bell State Representative				
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Charlie Geren State Representa	tive			
(Attach lists on plain paper to complete this report if necessary.)		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.)						

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)	
Texas College Of Emer	gency Physicians PA	AC			00016755	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	David Spiller St	ate Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		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					
00100	applicable, classify by party.)	A 0				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dustin Burrows	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates	A. Supported	Eddie Morales	State Representa	ative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		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.)					

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12 COMMITTEE NAME						(Ethics Commission Filers)
Texas College Of Emer	gency Physicians PA	AC			00016755	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Erin Zwiener	State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Greg Bonner	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Hillary Hickla	nd State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		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.)					

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12 COMMITTEE NAME							13 Filer ID	(Ethics Commission Filers)
Texas College Of Emer	gency Physicians PA	٩C					00016755	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Jeff Leach	State Repre	sentative		
(Attach lists on plain paper to complete this report if necessary.)		В. С	pposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported					
		В. С)pposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))						
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	John Bucy	State Repre	sentative		
(Attach lists on plain paper to complete this report if necessary.)		В. С	Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported					
		В. О	opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))						
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Liz Campos	s State Repr	resentativ	e	
(Attach lists on plain paper to complete this report if necessary.)		В. С	Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported					
		В. О	pposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))						

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas College Of Emer	gency Physicians PA	AC			00016755	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sam Harless State	Representativ	ve	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Senfronia Thompsor	n State Repr	esentative	
(Attach lists on plain paper to complete this report if necessary.)		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	1. Candidates (Identify by name or, if applicable, classify by party.)		Tom Oliverson State	e Representa	itive	
(Attach lists on plain paper to complete this report if necessary.)		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.)					
	•	-				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas College Of Emer	gency Physicians PA	٩C			00016755	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Todd Hunter State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		В.	Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported			
		В.	Opposed			
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)	<u> </u>	<u> </u>			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Suleman Lalani State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		В.	Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported			
		В.	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	18 Filer ID	(Ethics Commission Filers)	
	ge Of Emergency Physicians PAC	00016755		
19 SCHEDULE S			SUBTOTAL AMOUNT	
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,005.87	
2. 🗌 S	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3. 🗌 S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO DRGANIZATION	R	\$	
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA _ABOR ORGANIZATION	TION OR	\$	
6. X S	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$ 86.10	
	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 354.39	
8. 🗌 S	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9. 🗌 S	SCHEDULE E: LOANS		\$	
10. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 37,068.89	
11. 🔲 S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. 🔲 S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
13. 🔲 S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. 🗌 S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 1/20 Rpt: 15/50
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/08/2024	Adesina, Adedoyin		\$12.50
	6 Contributor address; City; State; Zip Code		1
	Manvel, TX 77578-1641		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> \$)
Physician	•		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/08/2024	Amro, Moath		\$8.33
	Contributor address; City; State; Zip Code		•
	Houston, TX 77008-1736		
	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/06/2024	Amro, Moath		\$8.33
	Contributor address; City; State; Zip Code		1
	University 77000 1726		
Dringing occu	Houston, TX 77008-1736		
Physician	ipation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024	Andino, Aldo Louis		\$8.33
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75390-7214		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Physician	, , , , , , , , , , , , , , , , , , ,		·/
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
12/06/2024	Andino, Aldo Louis		\$8.33
	Contributor address; City; State; Zip Code		•
	Dallas, TX 75390-7214		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Physician			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/20 Rpt: 16/50
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/08/2024	Averick, Rauvan M		\$8.33
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77071-2015		
Physician	upation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/06/2024	Averick, Rauvan M		\$8.33
	Contributor address; City; State; Zip Code		
	Houston, TX 77071-2015		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	.))
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/06/2024	Ball, James W		\$100.00
	Contributor address; City; State; Zip Code		
	Plano, TX 75093-8075	1	
	upation / Job title (See Instructions)	Employer (See Instructions	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/06/2024	Barrows, Thomas H		\$100.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78704-2216		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Physician			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
11/08/2024	Full name of contributor out-of-state PAC (ID#: Bednar, Marian)	\$8.33
11/00/2024			ψ0.55
	Contributor address; City; State; Zip Code		
	Coppell, TX 75019-4188		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	I ;)
Physician			,

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/20 Rpt: 17/50
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/06/2024	Bednar, Marian		\$8.3
	6 Contributor address; City; State; Zip Code		
	Coppell, TX 75019-4188		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>)</u>
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024	Bedolla, John		\$100.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78702-2667	· · · · · · · · ·	
	upation / Job title (See Instructions)	Employer (See Instructions)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/06/2024	Beeson, Michelle Abrams		\$25.0
	Contributor address; City; State; Zip Code		
	Cleburne, TX 76031-7800		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>
Physician	, , , , , , , , , , , , , , , , , , ,		,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/06/2024	Beezley, Jon Thomas		\$100.0
	Contributor address; City; State; Zip Code		
	Grapevine, TX 76051-6460		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>
Physician			,
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/08/2024	Blankenship, Alan Lane		\$8.3
	Contributor address; City; State; Zip Code		
	Mansfield, TX 76063-3461		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Physician			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/20 Rpt: 18/50
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/06/2024	Blankenship, Alan Lane		\$8.33
	6 Contributor address; City; State; Zip Code		
0 Deinsing Lagrage	Mansfield, TX 76063-3461		
8 Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
11/08/2024	Carter, Stephen A	/	\$0.83
11/00/2024			
	Contributor address; City; State; Zip Code		
	Cibolo, TX 78108-3343		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>۲</u> ۱)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/06/2024	Carter, Stephen A		\$0.83
	Contributor address; City; State; Zip Code		
	Cibolo, TX 78108-3343	1	
-	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024	Chapa, Phillip Edward		\$25.00
	Contributor address; City; State; Zip Code		
	Decatur, TX 76234-1085		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/08/2024	Clark, Gary R		\$8.33
	Contributor address; City; State; Zip Code		
	Granbury, TX 76049-4463		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/20 Rpt: 19/50	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ge Of Emergency Physicians PAC			00016755	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/06/2024	Clark, Gary R				\$8.33
		6 Contributor address; City; State; Zip Code		1		
		Granbury, TX 76049-4463				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> د)		
Ľ	Physician			5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/08/2024	Cox, Stephen Brooke				\$2.12
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78737-4689				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Physician					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/06/2024	Cox, Stephen Brooke				\$2.08
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78737-4689				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/06/2024	Cruz, Suzanna				\$100.00
		Contributor address; City; State; Zip Code		1		
		Fresno, TX 77545-9541				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/06/2024	Dasa, Sridevi Laxmi				\$25.00
		Contributor address; City; State; Zip Code		1		
		Plano, TX 75093-7534				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
1						

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/20 Rpt: 20/50	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
[ge Of Emergency Physicians PAC			00016755	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/08/2024	·····, · ····, · ····, · ····				\$8.33
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78735-6244				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Physician					
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/06/2024	DeWaal, Craig T				\$8.33
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78735-6244				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/08/2024	Ejesieme, Nnenna Cynthia				\$25.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75209-5224				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/08/2024	Fasullo, Frank Joseph				\$100.00
		Contributor address; City; State; Zip Code		1		
		El Lago, TX 77586-6044				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/08/2024	Ford, Jonathan R				\$25.00
		Contributor address; City; State; Zip Code		1		
		Colleyville, TX 76034-7502				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
1						

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 7/20 Rpt: 21/50
2 FILER NAME	a Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
	ge Of Emergency Physicians PAC		
4 Date 12/06/2024	5 Full name of contributor out-of-state PAC (ID#: Fortenberry, Dewitt Charles)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code		\$100.0
	6 Contributor address, City, State, Zip Code		
	Texarkana, TX 75505-5217		
8 Principal occup Physician	pation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024	Foster, Paul A		\$12.50
	Contributor address; City; State; Zip Code		
	Austin, TX 78704-4235		
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/06/2024	Frame, James Earl		\$100.00
	Contributor address; City; State; Zip Code		
	Van Alstyne, TX 75495-4703		
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024	Gagnon, Garry F		\$8.3
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214-3119		
Principal occup Physician	pation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/06/2024	Gagnon, Garry F		\$8.3
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214-3119		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))
Physician			

The Instrue	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 8/20 Rpt: 22/50	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	ge Of Emergency Physicians PAC		00016755	10)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/08/2024	Gest, Albert L		\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78405			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08/2024	Gorchynski, Julie Ann		\$10	00.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230-2543			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08/2024	Gupta, Sandeep K		S	\$8.33
	Contributor address; City; State; Zip Code			
	Irving, TX 75063-3357			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Physician)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
12/06/2024	Full name of contributor out-of-state PAC (ID#: Gupta, Sandeep K)		\$8.33
12/00/2024				ψ0.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75063-3357			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08/2024	Katan, Brian Scott		S	\$8.37
	Contributor address; City; State; Zip Code			
	Trophy Club, TX 76262-5421			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Physician				
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 9/20 Rpt: 23/50
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/06/2024	Katan, Brian Scott		\$8.3
	6 Contributor address; City; State; Zip Code		1
	Trophy Club, TX 76262-5421		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/06/2024	Kirschke, Karl G		\$20.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75204-3420		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024	Klingenberg, Chris L		\$25.0
	Contributor address; City; State; Zip Code		1
	Nacogdoches, TX 75965-2415		
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024	Knowles, Heidi C		\$8.3
	Contributor address; City; State; Zip Code		
	Forney, TX 75126-5825		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician			·/
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
12/06/2024	Knowles, Heidi C	/	\$8.3
11 , 0 , 1 , 1 , 1	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Forney, TX 75126-5825		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>
Physician			
		<u> </u>	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedu Sch: 10/20 Rpt: 2	
2	FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
[ge Of Emergency Physicians PAC		00016755	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribu	tion (\$)
	11/08/2024	Lacy, Elizabeth Ann			\$100.00
		6 Contributor address; City; State; Zip Code			
L		Corpus Christi, TX 78418-6334			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)	
╞	Date	Full name of contributor Out-of-state PAC (ID#:	`	Amount of Contribu	tion (¢)
	11/08/2024	Full name of contributor out-of-state PAC (ID#: Leeson, Kimberly)	Amount of Contribu	\$25.00
	11/00/2024				φ25.00
		Contributor address; City; State; Zip Code			
		Corpus Christi, TX 78413-2718			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
	Physician				
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribu	tion (\$)
	11/08/2024	Lilly, Travis K)	Amount of Contribu	\$8.33
	11/00/2021	Contributor address; City; State; Zip Code			\$0.00
		Northlake, TX 76247-1530			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribu	tion (\$)
	12/06/2024	Lilly, Travis K			\$8.33
		Contributor address; City; State; Zip Code			
		Northlake, TX 76247-1530			
		pation / Job title (See Instructions)	Employer (See Instructions)	
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribu	tion (\$)
	11/08/2024	Lubin, Cedrick			\$25.00
		Contributor address; City; State; Zip Code			
		Jersey City, NJ 07304-4321			
		pation / Job title (See Instructions)	Employer (See Instructions)	
	Physician				
I					

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/20 Rpt: 25/50	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	ge Of Emergency Physicians PAC		00016755	,10)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/08/2024	Luckey, Thomas John			\$8.33
	6 Contributor address; City; State; Zip Code			
	Trinidad, TX 75163-5002			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/08/2024	Luckey, Thomas John	,		\$8.33
	Trinidad, TX 75163-5002			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Physician			,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
11/08/2024	Full name of contributor out-of-state PAC (ID#: Luckey, Thomas John)		\$8.33
11/06/2024	-			ФО. ЗЗ
	Contributor address; City; State; Zip Code			
	Trinidad, TX 75163-5002			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Physician)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	* ~ ~~
12/06/2024	Luckey, Thomas John			\$8.33
	Contributor address; City; State; Zip Code			
	Trinidad, TX 75163-5002			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08/2024	Marcantel, Derek L		\$	25.00
	Contributor address; City; State; Zip Code			
	Friendswood, TX 77546-6145			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Physician				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/20 Rpt: 26/50
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/08/2024	Marquez, Otto J		\$8.33
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75214-3559		
	pation / Job title (See Instructions)	9 Employer (See Instructions)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/06/2024	Marquez, Otto J		\$8.37
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214-3559		
	pation / Job title (See Instructions)	Employer (See Instructions)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024	Martinez, Oscar		\$8.33
	Contributor address; City; State; Zip Code		
	Cypress, TX 77429-6957		
	pation / Job title (See Instructions)	Employer (See Instructions)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/06/2024	Martinez, Oscar		\$8.33
	Contributor address; City; State; Zip Code		
	Cypress, TX 77429-6957		
-	pation / Job title (See Instructions)	Employer (See Instructions)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024	McCarthy, Terence J		\$8.33
	Contributor address; City; State; Zip Code		
	E. (11/2) (1) TV 70444 4050		
	Fort Worth, TX 76114-1256	- - - - - - - - - -	
-	pation / Job title (See Instructions)	Employer (See Instructions)
Physician			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/20 Rpt: 27/50
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ge Of Emergency Physicians PAC		00016755
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/06/2024	McCarthy, Terence J		\$8.33
	6 Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76114-1256		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Physician			<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024	Mendenhall, Brian		\$8.33
	Contributor address; City; State; Zip Code		
	Longview, TX 75601-3567	,	
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/06/2024	Mendenhall, Brian		\$8.37
	Contributor address; City; State; Zip Code		1
	Longview, TX 75601-3567		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Physician			·/
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/06/2024	Metz, Rachel L		\$25.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78260-6293		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Physician			7
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024	Morris, Andrew C		\$8.33
	Contributor address; City; State; Zip Code		
	Frisco, TX 75036-8172		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Physician			

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	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 14/20 Rpt: 28/50
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		ge Of Emergency Physicians PAC		00016755
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	12/06/2024	Morris, Andrew C		\$8.33
	I	6 Contributor address; City; State; Zip Code		
_	Dringing opp	Frisco, TX 75036-8172	C Employer (Coo Instructions	×
8	Principal occu Physician	ipation / Job title (See Instructions)	9 Employer (See Instructions))
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/06/2024	Niziol, Charles		\$100.00
	I	Contributor address; City; State; Zip Code		
		Kingwood, TX 77339-2231		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
	Physician			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/08/2024	Phariss, Chase		\$25.00
	I	Contributor address; City; State; Zip Code		
		Fort Worth, TX 76109-2617		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
	Physician			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/08/2024	Pinnow, Jeffery M		\$25.00
		Contributor address; City; State; Zip Code		
		Odessa, TX 79765-8006		
		upation / Job title (See Instructions)	Employer (See Instructions)	
	Physician			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/08/2024	Pugh, George-Thomas M		\$25.00
	I	Contributor address; City; State; Zip Code		
		San Antonio, TX 78248-1715		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
	Physician			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 15/20 Rpt: 29/50
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas College Of Emergency Physicians PAC	00016755
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/06/2024 Pumarejo Gomez, Laura Sofia	\$8.33
6 Contributor address; City; State; Zip Code	
Frisco, TX 75034-2315	
 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct 	tions)
Physician)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024 Pumarejo Gomez, Laura Sophia	\$8.33
Contributor address; City; State; Zip Code	
Frisco, TX 75034-2315	iono)
Principal occupation / Job title (See Instructions) Employer (See Instruct Physician	lions)
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 12/06/2024 Rose, Jackie Lee	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code	
Greenville, TX 75402-2824	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/06/2024 Roth, Brett Alan	\$100.00
Contributor address; City; State; Zip Code	
Flower Mound, TX 75028-8271	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2024 Rucker, Ebony R	\$8.33
Contributor address; City; State; Zip Code	
El Paso, TX 79934-2300	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Physician	

	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 16/20 Rpt: 30/50	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		ge Of Emergency Physicians PAC			00016755	
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	12/06/2024	Rucker, Ebony R				\$8.33
		6 Contributor address; City; State; Zip Code		"		
		El Paso, TX 79934-2300				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	11/08/2024	Rumph, Gregory E				\$25.00
		Contributor address; City; State; Zip Code		·		
		Taylor Lake Village, TX 77586-4528				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	11/08/2024	Schwirtlich, Lonnie R				\$100.00
		Contributor address; City; State; Zip Code		"		
		Corpus Christi, TX 78418-7505				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	11/08/2024	Sheena, Douglas A				\$8.33
		Contributor address; City; State; Zip Code		"		
		Dallas, TX 75206-0500		ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Physician					
	Date	Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	12/06/2024	Sheena, Douglas A				\$8.37
		Contributor address; City; State; Zip Code				
		Dallas, TX 75206-0500				
-	Drinoinal asses		Employor (Soc Instruction			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	TIYSICIAII					

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 17/20 Rpt: 31/50	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ge Of Emergency Physicians PAC			00016755	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#	t:)	7	Amount of Contribution (\$)	
	11/08/2024	Sheets, H Kyle				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79401-4732				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Γ	Amount of Contribution (\$)	
	12/06/2024	Smith, Blake Thomas				\$25.00
		Contributor address; City; State; Zip Code		1		
		Colleyville, TX 76034-7329				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician			-		
	Date		#:)		Amount of Contribution (\$)	
	11/08/2024	Stacks, Kevin B				\$8.33
		Contributor address; City; State; Zip Code		1		
		Denison, TX 75020-0775				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Physician			-)		
	Date	Full name of contributor out-of-state PAC (ID#)		Amount of Contribution (\$)	
	12/06/2024	Stacks, Kevin B				\$8.33
		Contributor address; City; State; Zip Code				
		Denison, TX 75020-0775				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor Out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	11/08/2024	Stucka, Kristy Renee				\$25.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75225-7653				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					

The l	Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/20 Rpt: 32/50	
2 FILER				3 Filer ID (Ethics Commission Filers	5)
		ge Of Emergency Physicians PAC		00016755	-)
4 Date		5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/08	3/2024	Switzer, Ted Wesley		\$10	0.00
		6 Contributor address; City; State; Zip Code			
		Son Antonio TV 79249 1147			
9 Drincir	nal occu	San Antonio, TX 78248-1147 pation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
Physi)	
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08	3/2024	Thomas, Jacob		\$:	1.67
		Contributor address; City; State; Zip Code			
		Houston, TX 77024-7808			
		pation / Job title (See Instructions)	Employer (See Instructions	3)	
Physi	ician			1	
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/06	6/2024	Thomas, Jacob		\$:	1.67
		Contributor address; City; State; Zip Code			
		Houston, TX 77024-7808			
Princir	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physi			, . , . (,	
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/06	6/2024	Thomas, Ricky A			0.00
		Contributor address; City; State; Zip Code			
		Corpus Christi, TX 78401-1215			
		pation / Job title (See Instructions)	Employer (See Instructions		
Physi	ician				
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08	3/2024	Thompson, Jeffrey B		\$2!	5.00
		Contributor address; City; State; Zip Code			
		Decument TV 77726 2770			
Deinerin	nol coor	Beaumont, TX 77726-2779	Employer (Casharturtian		
Princip Physi		pation / Job title (See Instructions)	Employer (See Instructions)	
FIIYS	icidii				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:	
			Sch: 19/20 Rpt: 33/50	
2 FILER NAME Texas Coller	ge Of Emergency Physicians PAC		3 Filer ID (Ethics Commission 00016755	i Filers)
4 Date 12/06/2024	5 Full name of contributor out-of-state PAC (ID#: Tomanec, Alainya Vollmering)	7 Amount of Contribution (\$)	\$100.00
				Φ100.00
	6 Contributor address; City; State; Zip Code			
	Robstown, TX 78380-6181			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08/2024	Tran, MacLong T			\$25.00
	Contributor address; City; State; Zip Code			
Drinsing agou	Richardson, TX 75082-5604		、 、	
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions))	
-		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	ቀ100 00
11/08/2024	Tran, Theresa			\$100.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77030			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/08/2024	Tull, Jonathan			\$8.33
	Contributor address; City; State; Zip Code			
	Houston, TX 77004-1255			
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions))	
-		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)	* 4 00 00
11/08/2024	Vigil, Jacob P			\$100.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79912-6902			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Physician	· · · · ·		, ,	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/20 Rpt: 34/50	
2 FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755	
4 Date 11/08/2024	 Full name of contributor out-of-state PAC (ID#: Williamson, Jeremy S Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$100	.00
	El Paso, TX 79932-3149			
8 Principal occu Physician	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Date 11/08/2024	Full name of contributor out-of-state PAC (ID#: Xiong, Tanya Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$25	.00
Principal occu Physician	Houston, TX 77004-5933 upation / Job title (See Instructions)	Employer (See Instructions	() 	
Date 11/08/2024	Full name of contributor out-of-state PAC (ID#: Ziebell, Christopher Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100	.00
Principal occu Physician	Austin, TX 78731-2154 Ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Date 12/06/2024	Full name of contributor out-of-state PAC (ID#: de Moor, Carrie Contributor address; City; State; Zip Code Frisco, TX 75034-8353		Amount of Contribution (\$) \$25	.00
Principal occu Physician	I Ipation / Job title (See Instructions)	Employer (See Instructions)	

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruc	cti	on Guide explains how to complete this form.	1	L Total pages Schedule C3: Sch: 1/1 Rpt: 35/50		
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Texas Colleg	je (Of Emergency Physicians PAC		00016755		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	11/08/2024		American College of Emergency Physicians			44.44	
	Date		Corporation / Labor Organization name		Amount (\$)		
	12/06/2024		American College of Emergency Physicians			40.49	
	Date		Corporation / Labor Organization name		Amount (\$)		
	12/12/2024		Texas College of Emergency Physicians			1.17	

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C4: Sch: 1/1 Rpt: 36/50		
2	FILER NAME Texas Colleç	FILER NAME Texas College Of Emergency Physicians PAC			Filer ID 00016755	(Ethics Commission Filers)
4	Date 10/31/2024	5	Corporation / Labor Organization name Texas College of Emergency Physicians	6	Amount (\$)	118.13
	Date 11/30/2024		Corporation / Labor Organization name Texas College of Emergency Physicians		Amount (\$)	118.13
	Date 12/31/2024		Corporation / Labor Organization name Texas College of Emergency Physicians		Amount (\$)	118.13

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Fees Food// - Gift/A Committee Legal	Expense Beverage Expense vards/Memorials Expense Services nstruction Guide explain :	Loan Repayme Office Overhea Polling Expens Printing Expen Salaries/Wage	ent/Reimbursement Id/Rental Expense e se s/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 1/14 Rpt: 37/50		of Emergency Physici	ans PAC		00016755	
4 Date	5 Payee name					
11/12/2024	Bell Campaign,	Cecil				
6 Amount (\$)	7 Payee address;	City; State	e; Zip Code			
\$500.00	P.O. Box 819					
Expenditure from corporate funds	Magnolia, TX 77	355				
8 PURPOSE		egories listed at the top of this so	chedule) (b)	Description		
OF EXPENDITURE		onations Made By holder/Political Com	mittee		outside of Texas. Com , TX, officeholder living ribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officehol	der name	Office sought		Office he	ld
Date	Payee name					
12/11/2024	Bonnen Campai	gn, Greg				
Amount (\$)	Payee address;	City; Stat	e; Zip Code			
\$1,000.00	405 David		-,p			
Expenditure from corporate funds	Friendswood, TX	٢7546				
PURPOSE OF EXPENDITURE	Contributions/Do	egories listed at the top of this so onations Made By eholder/Political Com			outside of Texas. Com , TX, officeholder living ribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officehol	der name	Office sought		Office he	eld
Date	Payee name					
12/12/2024	Bucy Campaign	, John				
Amount (\$)	Payee address;	City; State	e; Zip Code			
\$1,000.00	P.O. Box 536					
Expenditure from corporate funds	Austin, TX 7876	7				
PURPOSE	(a) Category (See Cate	egories listed at the top of this so	chedule) (b)	Description		
OF EXPENDITURE	Contributions/Do	onations Made By holder/Political Com			outside of Texas. Com , TX, officeholder living ribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officehol	der name	Office sought		Office he	eld

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expen Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 2/14 Rpt: 38/50	Texas College Of Emergency Physicians PAC	00016755	
4 Date	5 Payee name		
12/03/2024	Burrows Campaign, Dustin		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 2569		
Expenditure from corporate funds	Lubbock, TX 79408		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	١	
OF EXPENDITURE	Candidate/Officeholder/Political Committee	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
12/09/2024	Campbell Campaign, Donna		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	1308 Common Street, Suite 205 Box 719		
Expenditure from corporate funds	New Braunfels, TX 78130		
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
12/12/2024	Campos Campaign, Liz		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	1028 Rigsby		
Expenditure from corporate funds	San Antonio, TX 78210		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 3/14 Rpt: 39/50	Texas College Of Emergency Physicians PAC00016755		
4 Date	5 Payee name		
11/12/2024	Cook Campaign, Molly		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,500.00	P.O. Box 667238		
Expenditure from corporate funds	Houston, TX 77266		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Political Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/10/2024	Flores Campaign, Pete		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	1 East Greenway Plaza, Suite 225		
Expenditure from corporate funds	Houston, TX 77046		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
11/07/2024	Friends of Tom Oliverson		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	1 East Greenway Plaza, Suite 225		
Expenditure from corporate funds	Houston, TX 77046		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Political Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 4/14 Rpt: 40/50	Texas College Of Emergency Physicians PAC00016755	
4 Date	5 Payee name	
12/06/2024	Geren Campaign, Charlie	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 1440	
Expenditure from corporate funds	Fort Worth, TX 76101	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	4	
Date	Payee name	
12/05/2024	Guerra Campaign, Bobby	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	10213 North 10th Street	
+++++++++++++++++++++++++++++++++++++++		
Expenditure from corporate funds	McAllen, TX 78504	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	4	
Date	Payee name	
12/04/2024	Hancock Campaign, Kelly	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	7101 Burns Street	
+_,		
Expenditure from corporate funds	Richland Hills, TX 76118	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	5	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense 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: 5/14 Rpt: 41/50	Texas College Of Emergency Physicians PAC 00016755		
4 Date	5 Payee name		
12/09/2024	Harless Campaign, Sam		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	15814 Champion Forest Drive, PMB #312		
Expenditure from corporate funds	Spring, TX 77379		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Political Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/12/2024	Harris Davila Campaign, Caroline		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 700		
Expenditure from corporate funds	Round Rock, TX 78680		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/12/2024	Hickland Campaign, Hillary		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	6318 Brayson Oaks Court		
Expenditure from corporate funds	Belton, TX 76513		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Political Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayme Fees Office Overhee Food/Beverage Expense Polling Expens /- Gift/Awards/Memorials Expense Printing Expen	ent/Reimbursement Solicitation/Fundraising Expense d/Rental Expense Transportation Equipment & Related Expense e Travel in District se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 6/14 Rpt: 42/50	Texas College Of Emergency Physicians PAC	00016755	
4 Date	5 Payee name	·	
11/19/2024	Huffman Campaign, Joan		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,500.00	3733-1 Westheimer Road, Suite 40		
Expenditure from corporate funds	Houston, TX 77027		
8 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	Check if Austin, TX, officeholder living expense	
		Political Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held	
Date	Payee name		
12/04/2024	Hunter Campaign, Todd		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	445 Cape Henry		
φ1,000.00	440 Cape Henry		
Expenditure from corporate funds	Corpus Christi, TX 78412		
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	Check if Austin, TX, officeholder living expense	
		Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held	
Date	Payee name		
11/14/2024	Johnson Campaign, Nathan		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	P.O. Box 670994		
φ1,000.00	1.0. D0x 010994		
Expenditure from corporate funds	Dallas, TX 75367-0994		
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.	
EAFENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense	
		Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers		
Sch: 7/14 Rpt: 43/50	Texas College Of Emergency Physicians PAC 00016755		
4 Date	5 Payee name		
12/04/2024	Kolkhorst Campaign, Lois		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,500.00	P.O. Box 2546		
Expenditure from corporate funds	Brenham, TX 77834		
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/10/2024	Lalani Campaign, Suleman		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 6514		
Expenditure from corporate funds	Houston, TX 77265		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/06/2024	Leach Campaign, Jeff		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	800 Glen Rose Drive		
Expenditure from corporate funds	Allen, TX 75013		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Solicitation/Fundraising Expense tverhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District /Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 8/14 Rpt: 44/50	Texas College Of Emergency Physicians PAC		
4 Date	5 Payee name		
11/08/2024	Luckey, Thomas John		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$8.33	210 Forehand Road		
Expenditure from corporate funds	Trinidad, TX 75163-5002		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Refund of contribution received.	
		Refutitu of contribution received.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	Dught Office held	
Date	Payee name		
11/08/2024	Luckey, Thomas John		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$8.33	210 Forehand Road		
ψ0.00			
Expenditure from corporate funds	Trinidad, TX 75163-5002		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of contribution received.	
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held	
expenditure to benefit C/O	Н		
Date	Payee name		
11/08/2024	Luckey, Thomas John		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$8.33	210 Forehand Road		
Expenditure from corporate funds	Trinidad, TX 75163-5002		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Refund of contribution received.	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	Dught Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ntal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ntract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/14 Rpt: 45/50	Texas College Of Emergency Physicians PAC	00016755
4 Date	5 Payee name	
11/08/2024	Luckey, Thomas John	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$8.33	210 Forehand Road	
Expenditure from corporate funds	Trinidad, TX 75163-5002	
8 PURPOSE OF		escription
EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Re	efund of contribution received.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
12/06/2024	Luckey, Thomas John	
Amount (\$)	Payee address; City; State; Zip Code	
\$8.33	210 Forehand Road	
Expenditure from corporate funds	Trinidad, TX 75163-5002	
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense of und of contribution received.
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
12/12/2024	Middleton Campaign, Mayes	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	P.O. Box 1526	
Expenditure from corporate funds	Galveston, TX 77553	
PURPOSE OF		escription
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		blitical Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District I Committee Description Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 10/14 Rpt: 46/50	Texas College Of Emergency Physicians PAC 00016755		
4 Date	5 Payee name		
12/12/2024	Miles Campaign, Borris		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	5302 Almeda Road		
Expenditure from corporate funds	Houston, TX 77004		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Political Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/09/2024	Morales Campaign, Eddie		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	352 Hillcrest Boulevard		
Expenditure from corporate funds	Eagle Pass, TX 78852		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/11/2024	Paxton Campaign, Angela		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	5613 South Woodcreek Circle		
Expenditure from corporate funds	McKinney, TX 75071		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Political Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Exp	ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 11/14 Rpt: 47/50	Texas College Of Emergency Physicians PAC	00016755	
4 Date	5 Payee name		
11/01/2024	Payscape		
6 Amount (\$)	7 Payee address; City; State; Zip Cod	9	
\$13.62	1438 West Peachtree Street NW		
Expenditure from corporate funds	Atlanta, GA 30309		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sougl	nt Office held	
Date	Payee name		
12/02/2024	Payscape		
Amount (\$)	Payee address; City; State; Zip Code	e	
\$13.62	1438 West Peachtree Street NW		
Expenditure from corporate funds	Atlanta, GA 30309		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (Fees	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee. 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt Office held	
Date	Payee name		
12/12/2024	Perry Campaign, Charles		
Amount (\$)	Payee address; City; State; Zip Code	e	
\$1,000.00	P.O. Box 94806		
Expenditure from corporate funds	Lubbock, TX 79493		
PURPOSE OF		b) Description Check if travel outside of Texas Complete Schedule T	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sougl	nt Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense 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: 12/14 Rpt: 48/50	Texas College Of Emergency Physicians PAC 00016755	
4 Date	5 Payee name	
12/11/2024	Schwertner Campaign, Charles	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,000.00	P.O. Box 2448	
Expenditure from corporate funds	Georgetown, TX 78627-2448	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
12/12/2024	Sparks Campaign, Kevin	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	2600 Mockingbird	
Expenditure from corporate funds	Midland, TX 79705	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
12/12/2024	Spiller Campaign, David	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 447	
Expenditure from corporate funds	Jacksboro, TX 76458	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
	Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel out of District	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 13/14 Rpt: 49/50	Texas College Of Emergency Physicians PAC 00016755	
4 Date	5 Payee name	
12/12/2024	Thompson Campaign, Senfronia	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	4828 Loop Central Drive, #600	
Expenditure from corporate funds	Houston, TX 77081	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
12/09/2024	Walle Campaign, Armando	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	4826 Hollybrook Lane	
Expenditure from corporate funds	Houston, TX 77039	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
12/03/2024	Zaffirini Campaign, Judith	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 627	
Expenditure from corporate funds	Laredo, TX 78042-0627	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Cabadula E1.	
1 Total pages Schedule F1: Sch: 14/14 Rpt: 50/50	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas College Of Emergency Physicians PAC 00016755
4 Date 12/12/2024	5 Payee name Zwiener Campaign, Erin
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 184
Expenditure from corporate funds	Driftwood, TX 78619
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held