MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Th	e MPAC Instruction (Guide explains how to complete this form	n. 1	Filer ID (Ethics Commission Fil 00052716	lers)		2 Total pages filed: 4
3	3 COMMITTEE NAME						OFFICE USE ONLY
	El Paso County Medical Society - PAC						
		·					Date Received ELECTRONICALLY FILED 02/05/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	С	ITY; STATE;	ZIP		
	ADDRESS	1301 Montana Ave.					
	Change of Address	El Paso, TX 79902					Date Hand-delivered or Date Postmarked
5	CAMPAIGN	MS / MRS / MR FIRST			М	I	
		Dr. Azalia	V.				Receipt # Amount
	NAME						
							Date Processed
		NICKNAME LAST			SI	JFFIX	
		Martir	ez				Date Imaged
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS	E);	APT / SUITE #;	CITY;	STA	TE; ZIP CODE
	TREASURER STREET	1301 Montana					
	ADDRESS						
	(Residence or Business)	El Paso, TX 79902					
7	CAMPAIGN	STREET ADDRESS OR PO BOX;		APT / SUITE #;	CITY;	STA	ATE; ZIP CODE
Ľ	TREASURER	1301 Montana		/ / CON //	e ,	0.7	,
	MAILING ADDRESS						
		El Paso, TX 79902					
8	CAMPAIGN	AREA CODE PHONE NUMBER	2	EXTE	NSION		
	TREASURER PHONE	(915) 533-0940					
9	REPORT TYPE	X Monthly		10th day after of treasurer termin			Dissolution (Attach PAC-DR)
10	MONTHLY		nril E	Г	1 1k. E		
	REPORT FILING DEADLINE	January 5	pril 5	L	July 5		October 5
		X February 5	lay 5		August 5		November 5
		March 5 J	une 5		Septembe	r 5	December 5
11	PERIOD	Month Day Year			М	onth	Day Year
	COVERED	12/26/2024	TH	ROUGH		1/25/2	
_					0.	_, _0, 2	
	GO TO PAGE 2						
	me provided by Tex			cs.state.tx.us			Version V4.1.0.5dd2ace2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)			
El Paso County Medical	Society - PAC		00052716				
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported					
(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 PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	5.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00			
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00			
CONTRIBUTION BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			DAY \$	5,239.03			
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00			
16 AFFIDAVIT	•		•				
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.	rjury, that the a nation required	accompanying report is I to be reported by me			
	Dr. Azalia V. Martinez						
Signature of Campaign Treasurer							
AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subscribed before me, by the said day							
of, 20, to certify which, witness my hand and seal of office.							
Signature of officer adr	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath			
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2			

FORM MPAC COVER SHEET PG 3

3 of 4

17 COMMITT	(Ethics Commission Filers)		
El Paso C			
19 SCHEDUL	SUBTOTAL AMOUNT		
NAME OF	SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 5.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

SUBTOTALS - MPAC

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 1/1 Rpt: 4/4		
2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	El Paso County Medical Society - PAC				00052716	
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$		
5	Date 01/15/2025	 6 Full name of contributor out-of-state PAC (ID#: El Paso County Medical Society 7 Contributor address; City; State; Zip Code El Paso, TX 79902)	8	Amount of 9 In-kind contribution contribution (\$) description \$5.00 I to keep account from going "Dormant"	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Check if travel outside of Texas. Complete Schedule T. I1 Employer (FOR NON-JUDICIAL) (See instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						