MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00055755	2 Total pages filed: 9
3 COMMITTEE NAME		•	OFFICE USE ONLY
Dallas County Me	dical Society PAC		Date Received
			ELECTRONICALLY FILED
			02/06/2025
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
ADDRE35	DCMS		
Change of Addres	2611 Fairmount St ^s Dallas, TX 75201		
5 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Hand-delivered or Date Postmarked
TREASURER	Gabriela		Receipt # Amount
NAME	Gabileia		
			Date Processed
	NICKNAME LAST Uquillas	SUFFIX	Date Imaged
	Oquinas		Date intaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER STREET	2611 Fairmount St		
ADDRESS			
(Residence or Business)	Dallas, TX 75201		
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER MAILING			
ADDRESS			
Change of Addres	s		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(214) 413-1426		
9 REPORT TYPE			
	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY			
REPORT FILING DEADLINE	January 5 Apri	I 5 July 5	October 5
DEADLINE	X February 5 May	5 August 5	November 5
	March 5 June	e 5 September 5	December 5
11 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year
	12/26/2024	01/25/2	2025
	CO ¹	TO PAGE 2	
Forms provided by Te	xas Ethics Commission www.e	thics.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)
Dallas County Medical S	Society PAC		00055755	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if	A. Supported		
	applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	962.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	LEXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	34,046.21
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	1		I	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Orbital		
		Gabriela Signature of Ca	a Uquillas	Irer
		Signature of Ga	inpuign fredot	
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	, 20, to certify w	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer 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 9

17 COMMITTEE NAME 18 Filer ID (I			(Ethics Commission Filers)		
Dallas Co	Dallas County Medical Society PAC 00055755				
19 SCHEDUL	SUBTOTAL AMOUNT				
NAME OF	NAME OF SCHEDULE				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 962.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO 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 C	ORGANIZATION	\$		
9.	SCHEDULE E: LOANS		\$		
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$		
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$ 235.00		
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$		

SUBTOTALS - MPAC

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	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/9
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
-		ty Medical Society PAC		00055755
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	01/16/2025	Abraham M.D., Joyce		\$42.00
		6 Contributor address; City; State; Zip Code		
		Rockwall, TX 75032-8930		
8	Principal occu		9 Employer (See Instructions	l ;)
	Physician			,
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/15/2025	Bahrani M.D., Ali		\$42.00
		Contributor address; City; State; Zip Code		
		Allen, TX 75013-5617		
		pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/24/2025	Boyd M.D., Albert		\$42.00
		Contributor address; City; State; Zip Code		
		Desoto, TX 75115-2066		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)
	-			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/13/2025	Brehm M.D., David		\$42.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75240-6348		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
	Physician			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/13/2025	Bryarly M.D., Julia	/	\$42.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75208-3645		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
	Physician			

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	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/9	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
-		ty Medical Society PAC		00055755	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	12/30/2024	Carlson M.D., David		\$42	.00
		6 Contributor address; City; State; Zip Code			
		Garland, TX 75043-3400			
	Principal occu		9 Employer (See Instructions	s)	
Ľ	Physician			3)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	01/14/2025	Chowdhury M.D., Shweta		\$42	.00
		Contributor address; City; State; Zip Code			
		Dallas, TX 75209-6236			
		pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/31/2024	Cook D.O., Christopher		\$100	.00
		Contributor address; City; State; Zip Code			
	Deinsteallesse	Dallas, TX 75254-7001		-)	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	S)	
	-			1	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	01/13/2025	Day M.D., Gustavo			.00
		Contributor address; City; State; Zip Code			
		Dallas, TX 75230-2566			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Physician				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
	01/15/2025	Dossett M.D., Lucy	······································		.00
		Contributor address; City; State; Zip Code			
		Roanoke, TX 76262-0619			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Physician				

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/9
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Dallas County Medical Society PAC	00055755
4 Date 5 Full name of contributor index out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/31/2024 Hurst M.D., George	\$42.00
6 Contributor address; City; State; Zip Code	1
Dallas, TX 75209-2816	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	3)
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/07/2025 Jones M.D., Shalita	\$42.00
Contributor address; City; State; Zip Code	1
Dallas, TX 75218-4503	
Principal occupation / Job title (See Instructions) Employer (See Instructions	3)
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2024 Kamphaus M.D., John	\$42.00
Contributor address; City; State; Zip Code	1
Plano, TX 75075-5025	
Principal occupation / Job title (See Instructions) Employer (See Instructions	<i>;</i>)
Physician	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/26/2024 Kuriachan M.D., Vipin	\$42.00
Contributor address; City; State; Zip Code	
Irving, TX 75039-2516	
Principal occupation / Job title (See Instructions) Employer (See Instructions	<u></u>
Physician Physician	>)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/22/2025 Langdon M.D., Robert	\$42.00
Contributor address; City; State; Zip Code	
Dallas, TX 75230-5032	
Principal occupation / Job title (See Instructions) Employer (See Instructions	<u> </u>
Physician	<i>''</i>
Trysloan	

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The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/9	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	- nty Medical Society PAC		00055755	1 11010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/04/2025	Muttineni M.D., Jyotsna			\$42.00
	6 Contributor address; City; State; Zip Code			
	Southlake, TX 76092-3435			
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/15/2025	Patel M.D., Amit			\$7.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75219-4301			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Physician				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/16/2025	Potti M.D., Aruna			\$42.00
	Contributor address; City; State; Zip Code			
Dringingloog	Dallas, TX 75218-3428	Employer (Soo Instructions	~	
Principal occ Physician	upation / Job title (See Instructions)	Employer (See Instructions)	
-		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	¢42.00
01/15/2025	Seidenfeld M.D., Steven			\$42.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75201-1523			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician			,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/31/2024				\$50.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75206-6623			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions) ;)	
Physician				

The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 5/5 Rpt: 8/9	
2 FILER NAMI	FILER NAME			Filer ID (Ethics Commission	Filers)
Dallas Cou	s County Medical Society PAC			00055755	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
01/24/2025	—				\$42.00
	6 Contributor address; City; State; Zip Code				
	Dallas, TX 75201-1520				
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
12/31/2024		,			\$42.00
	Contributor address; City; State; Zip Code				
	McKinney, TX 75071-1425				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Physician					
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
01/22/2025					\$42.00
	Contributor address; City; State; Zip Code				
	Dallas, TX 75243-3787				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Physician					

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) 1 Total pages Schedule I: 3 **Dallas County Medical Society PAC** 00055755 Sch: 1/1 Rpt: 9/9 4 Date Payee name 5 12/31/2024 Dallas County Medial Society Amount (\$) Payee Address; City; State; Zip 6 7 2611 Fairmount St 235.00 Expenditure from Dallas, TX 75201 corporate funds (a) Category (See instructions for examples of acceptable categories) 8 PURPOSE (b) Description (See instructions regarding type of information required.) OF EXPENDITURE Accounting/Banking Acctg fees

SCHEDULE I