



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Dallas County Medical Society PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00055755
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	962.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	34,046.21
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Gabriela Uquillas  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Dallas County Medical Society PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00055755
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 962.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 235.00
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/9
2 FILER NAME Dallas County Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carlson M.D., David	7 Amount of Contribution (\$) \$42.00
	6 Contributor address; City; State; Zip Code  Garland, TX 75043-3400	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chowdhury M.D., Shweta	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code  Dallas, TX 75209-6236	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook D.O., Christopher	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-7001	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day M.D., Gustavo	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230-2566	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dossett M.D., Lucy	Amount of Contribution (\$) \$7.00
	Contributor address; City; State; Zip Code  Roanoke, TX 76262-0619	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/9
<b>2</b> FILER NAME Dallas County Medical Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055755
<b>4</b> Date 01/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muttineni M.D., Jyotsna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092-3435	<b>7</b> Amount of Contribution (\$)  \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel M.D., Amit <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-4301	Amount of Contribution (\$)  \$7.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Potti M.D., Aruna <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75218-3428	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seidenfeld M.D., Steven <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201-1523	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sprueil M.D., Ramano <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206-6623	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/9
<b>2</b> FILER NAME Dallas County Medical Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00055755
<b>4</b> Date 01/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toler M.D., Kathy	<b>7</b> Amount of Contribution (\$) \$42.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75201-1520		
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West M.D., Thomas	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code  McKinney, TX 75071-1425		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wyatt M.D., Joseph	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code  Dallas, TX 75243-3787		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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