FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00055755 3 COMMITTEE NAME **OFFICE USE ONLY** Dallas County Medical Society PAC Date Received **ELECTRONICALLY FILED** 03/04/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS DCMS** 2611 Fairmount St Change of Address Dallas, TX 75201 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Gabriela NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Uquillas CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 2611 Fairmount St STREET **ADDRESS** (Residence or Business) Dallas, TX 75201 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 413-1426 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2025 02/25/2025 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			-		
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Dallas County Medic	al Society PAC			00055755	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2	A. Supported			
	Measures (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	0. 0651-1-1-				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
				<u> </u>	
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIE OR GUARANTEES OF IADE ELECTRONICAL qualifies for the higher iten	LY)	\$	0.00
	2. TOTAL POLITICA			\$	
	(OTHER THAN PLE	DGES, LOANS, OR GU	ARANTEES OF LOANS)	•	460.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPEND	TURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN		NTAINED AS OF THE LAST	DAY \$	34,046.21
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUT REPORTING PERIOD	STANDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT	L			<u> </u>	
		true and	or affirm, under penalty of pe correct and includes all infor le 15, Election Code.	rjury, that the a	accompanying report is d to be reported by me
			Gabriela	a Uquillas	
		-	Signature of Ca		urer
AFFIX NOTAI	RY STAMP / SEAL ABOVE		-		
Sworn to and subscrib	ed hefore me, by the said		, tl	nis the	day
	, 20, to certify				day
		,			
Signature of officer	administering oath	Printed name of officer	administering oath	Title of office	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 7
17 COMMI Dallas		EE NAME unty Medical Society PAC	18 Filer ID 00055755	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	<	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 460.00
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 CORPORALABOR ORGANIZATION	ATION 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 (ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$
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 CONTRIBUTION	DNS	\$ 164.34
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIB	SUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/7
2	FILER NAME Dallas Coun	y Medical Society PAC		3 Filer ID (Ethics Commission Filers) 00055755
4	Date 02/19/2025	 Full name of contributor out-of-state P Abbaschian M.D., Cyrus Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$50.00
		Dallas, TX 75230-6831		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)
	Date 02/20/2025	Full name of contributor out-of-state P Ciaglia M.D., Kristina Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$) \$42.00
	Deinsinal	Bedford, TX 76021-7234	Franks var (Coo Instructions	Y
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)
	Date 02/15/2025	Full name of contributor out-of-state P Dossett M.D., Lucy Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$7.00
		Roanoke, TX 76262-0619		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)
	Date 02/09/2025	Full name of contributor out-of-state P Emerson M.D., Roger Contributor address; City; State; Zip Code Plano, TX 75093-8338	AC (ID#:)	Amount of Contribution (\$) \$42.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions)
	Date 01/31/2025	Full name of contributor out-of-state P Marvin M.D., Joseph Contributor address; City; State; Zip Code Dallas, TX 75206	PAC (ID#:)	Amount of Contribution (\$) \$42.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions)
			1	

	MONEI	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/7
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		y Medical Society PAC		00055755
4	Date 02/06/2025	5 Full name of contributor out-of-state PA Moreno D.O., Susan	AC (ID#:)	7 Amount of Contribution (\$) \$42.00
		6 Contributor address; City; State; Zip Code Rockwall, TX 75032-8446		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
	Physician			
	Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
	02/15/2025	Patel M.D., Amit		\$7.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75219-4301		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I S)
	Physician	,		,
	Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
	01/29/2025	Radford M.D., Nina	\$42.00	
		Contributor address; City; State; Zip Code		
		D-II TV 75000 0000		
	Deinsinal assu	Dallas, TX 75230-2200	Franks var (Can kashrushina	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of Contribution (\$)
	02/06/2025	Saleem M.D., Sadaf		\$42.00
		Contributor address; City; State; Zip Code		
		Garland, TX 75044-2624		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician			
	Date	Full name of contributor ut-of-state PA	AC (ID#:)	Amount of Contribution (\$)
	01/27/2025	Song M.D., Kim-Anh		\$50.00
		Contributor address; City; State; Zip Code		
		D. II TV 75000 4040		
	5	Dallas, TX 75220-1812		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
_	Physician			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/7	
2	FILER NAME Dallas Coun	ty Medical Society PAC		3	Filer ID (Ethics Commission 00055755	n Filers)
4	Date 01/28/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$42.00
		Frisco, TX 75034-6931				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/02/2025	Full name of contributor out-of-state PAC (ID#: Tseng M.D., Hsiang Chih Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Dallas, TX 75231-4627				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/30/2025	Full name of contributor out-of-state PAC (ID#: Ukegbu M.D., Ibidunni Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$42.00
	Principal occu	Desoto, TX 75115-2019 spation / Job title (See Instructions)	Employer (See Instructions	<u>:)</u>		
	Physician	pation 7 oob title (occ motivations)	Employer (See mondeness	·)		

	AL EXPENDITURES POLITICAL CONTRIBUTIONS	SCHEDULE I		
The Instruction Guide explains how to complete this form.				
Total pages Schedule I: Sch: 1/1 Rpt: 7/7	FILER NAME Dallas County Medical Society PAC	3 Filer ID (Ethics Commission Filers) 00055755		
Date 01/31/2025	5 Payee name Dallas County Medial Society			
Amount (\$) 164.34	7 Payee Address; City; State; Zip 2611 Fairmount St			
Expenditure from corporate funds	Dallas, TX 75201			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Accounting			