MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

3 COMMITTEE NAME Dallas County Medical Society PAC OFFICE USE ONLY 3 COMMITTEE NAME Dallas County Medical Society PAC Defice USE ONLY 4 COMMITTEE ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP DCMS 2611 Fairmount St Dallas, TX 75201 Date Hard delivered or bate Poetmoted 5 CAMPAICN TREASURER NAME MS / MRS / MR FIRST Gabriela MI 6 CAMPAICN TREASURER STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Date Hard delivered or bate Poetmoted 7 CAMPAICN TREASURER MALING ADDRESS STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8 CAMPAICN TREASURER MALING ADDRESS STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9 REPORT TYPE XM onthity ION day after campaign Treasurer termination Dissolution (Attach PAC-OR) 10 MONTHLY REPORT FLING DEFORT FLIN	The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00055755	2 Total pages filed: 6
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GO TO PAGE 2		GO	ΓΟ ΡΑGE 2	
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.e02d6221				

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		000557	255
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 ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	160.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	37,616.86
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 inforr under Title 15, Election Code.		
		Gabriela	a Uquillas	
		Signature of Car		asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	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.e02d6221

FORM MPAC COVER SHEET PG 3

3 of 6

17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
Dallas Co	unty Medical Society PAC	00055755	
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 160.00
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	6	\$
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	DNS	\$ 98.34
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - MPAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/6
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ity Medical Society PAC		00055755
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/27/2025	Bartley M.D., Jeremy		\$42.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75390-0001		
8 Principal occu		9 Employer (See Instructions)
Physician	, , , , , , , , , , , , , , , , , , ,		,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/15/2025	Dossett M.D., Lucy		\$7.00
	Contributor address; City; State; Zip Code		
	Decrete TV 76969 0610		
Dringing oog	Roanoke, TX 76262-0619	Employer (See Instructions	
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions)
-			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/15/2025	Patel M.D., Amit		\$7.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75219-4301		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Physician			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/27/2025	Safo M.D., Adelle		\$42.00
	Contributor address; City; State; Zip Code		
	Mansfield, TX 76063-4250	The second secon	
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions)
-			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/06/2025	Street M.D., Austin		\$20.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75229-2722		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Physician			
	I		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/6 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Dallas County Medical Society PAC 00055755 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 03/10/2025 \$42.00 Sumer M.D., Baran 6 Contributor address; City; State; Zip Code Dallas, TX 75390-9035 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 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: 6/6 4 Date Payee name 5 02/28/2025 Dallas County Medial Society Amount (\$) Payee Address; City; State; Zip 6 7 2611 Fairmount St 98.34 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 |