### 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: 5			
3 COMMITTEE NAME			OFFICE USE ONLY			
Dallas County Medical Society PAC						
	· · · · · · · · · · · · · · · · · · ·		Date Received			
			ELECTRONICALLY FILED			
	1		07/08/2025			
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
ADDRE55	DCMS					
	2611 Fairmount St					
	Dallas, TX 75201		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN	MS / MRS / MR FIRST	MI				
TREASURER NAME	Gabriela		Receipt # Amount			
			Date Processed			
	NICKNAME LAST	SUFFI				
	Uquillas		Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY; ST	ATE; ZIP CODE			
TREASURER	2611 Fairmount St	· · · ·				
STREET ADDRESS						
(Residence or Business)	Dallas, TX 75201					
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; S1	TATE; ZIP CODE			
MAILING	2611 Fairmount St					
ADDRESS	Dallas, TX 75201					
		EVEENOLON				
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION					
PHONE	(214) 413-1426					
9 REPORT TYPE		10th day after campaign				
	X Monthly	treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING	January 5 Apri	il 5 X July 5	October 5			
DEADLINE						
	February 5 May	August 5	November 5			
	March 5 Jun	e 5 September 5	December 5			
11 PERIOD	Month Day Year	Month	Day Year			
COVERED	05/26/2025	THROUGH 06/25/				
	1					
GO TO PAGE 2						
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### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME 13			13 Filer ID	(Ethics Commission Filers)
Dallas County Medical S	Society PAC		00055755	
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)	\$	28.00
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 \$	37,617.86
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	t Uquillas	
		Signature of Car		Irer
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 offic	cer administering oath
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#### FORM MPAC COVER SHEET PG 3

3 of 5

17 COMMITTEE NAME 18 Filer ID			(Ethics Commission Filers)
Dallas County Medical Society PAC 00055755			
19 SCHEDULI	SUBTOTAL AMOUNT		
NAME OF			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 28.00
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 (	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	DNS	<b>\$</b> 48.50
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

**SUBTOTALS - MPAC** 

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 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 06/02/2025 \$28.00 Stripling, Wilton (Dr.) 6 Contributor address; City; State; Zip Code Dallas, TX 75252 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) MD

### 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: 5/5 4 Date Payee name 5 05/31/2025 Dallas County Medial Society Amount (\$) Payee Address; City; State; Zip 6 7 2611 Fairmount St 48.50 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 expenses

SCHEDULE |