#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016755 3 COMMITTEE NAME **OFFICE USE ONLY** Texas College Of Emergency Physicians PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 26164 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78755 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard NAME NICKNAME LAST **SUFFIX** Robinson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** P.O. Box 26164 STREET **ADDRESS** (Residence or Business) Austin, TX 78755 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 26164 MAILING **ADDRESS** Austin, TX 78755 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 306-0605 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas College Of Emerg	ency Physicians PAC		0001675	5
14 COMMITTEE ACTIVITY	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.)			
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	16,818.72
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	684.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	131,523.58
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Richar	d Robinson	
		Signature of Car	npaign Treas	surer
AFFIX NOTARY S	STAMP / SEAL ABOVE			
Sworn to and subscribed t	pefore me, by the said	, th	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer adn	ninistering oath	Printed name of officer administering oath	Title of of	ficer administering oath

#### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

			3 of 66
17 COMMITTEE NAME Texas College Of Emergency Physicians PAC	18 Filer ID 00016755	(Ethics Commissio	n Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE		SUBTOTAL A	MOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,870.81
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	₹	\$	
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAT LABOR ORGANIZATION	TION OR	\$	
6. X SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	239.13
7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	708.78
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	RGANIZATION	\$	
9. SCHEDULE E: LOANS		\$	
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	;	\$	684.13
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$	
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	

	MONEI	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/56 Rpt: 4/66	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 01/09/2025	<ul> <li>Full name of contributor</li></ul>	· · · · · · · · · · · · · · · · · · ·	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Physician	San Antonio, TX 78248-2409 pation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_Adesina, Adedoyin  Contributor address; City; State; Zip Code  Manvel, TX 77578-1641	)		Amount of Contribution (\$)	\$12.50
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>                                      </u>		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_Adesina, Adedoyin  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu Physician	Manvel, TX 77578-1641 pation / Job title (See Instructions)	Employer (See Instructions	 i)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#:_Amro, Moath  Contributor address; City; State; Zip Code  Houston, TX 77008-1736			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>l                                     </u>		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_Amro, Moath  Contributor address; City; State; Zip Code  Houston, TX 77008-1736			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 2/56 Rpt: 5/66	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 02/07/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$8.33
_		Houston, TX 77008-1736	<u> </u>	Ĺ		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID Amro, Moath  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$8.33
	Principal occu	Houston, TX 77008-1736 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Employer (ede metradaent	٥,		
	Date 06/06/2025	Full name of contributor	#:)		Amount of Contribution (\$)	\$8.33
		Dallas, TX 75390-7214				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID Andino, Aldo Louis  Contributor address; City; State; Zip Code  Dallas, TX 75390-7214	#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID Andino, Aldo Louis  Contributor address; City; State; Zip Code  Dallas, TX 75390-7214	#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/56 Rpt: 6/66	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission I 00016755	-ilers)
4	Date 03/07/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$8.33
_		Dallas, TX 75390-7214				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor  out-of-state PAC (ID#:_Andino, Aldo Louis  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.33
	Dringing! aggr	Dallas, TX 75390-7214	Employer (Coo Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/09/2025	Full name of contributor  out-of-state PAC (ID#:_Andino, Aldo Louis  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.33
		Dallas, TX 75390-7214				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_Averick, Rauvan M  Contributor address; City; State; Zip Code  Houston, TX 77071-2015			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_Averick, Rauvan M  Contributor address; City; State; Zip Code  Houston, TX 77071-2015			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		,				

	MONEI	ARY POLITICAL CO	NIRIBUIIO	ONS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/56 Rpt: 7/66	
2	FILER NAME	o Of Emergency Physicians DA	<u> </u>		3	Filer ID (Ethics Commission	Filers)
_		e Of Emergency Physicians PA			L	00016755	
4	Date 04/08/2025	<ul><li>5 Full name of contributor     Averick, Rauvan M</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$8.33
8	Principal occu	Houston, TX 77071-2015 pation / Job title (See Instructions)	ı	Employer (See Instructions	(s)		
•	Physician			2mp.eye. (eee meadeaene	,		
	Date 03/07/2025	Full name of contributor  Averick, Rauvan M  Contributor address; City; State	out-of-state PAC (ID#:_ ; Zip Code	)		Amount of Contribution (\$)	\$8.37
	Dringing coou	Houston, TX 77071-2015 Dation / Job title (See Instructions)	1	Employer (See Instructions	·/_		
	Physician Physician	Jation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor  Averick, Rauvan M  Contributor address; City; State	out-of-state PAC (ID#:_ ; Zip Code			Amount of Contribution (\$)	\$8.33
		Houston, TX 77071-2015					
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/09/2025	Full name of contributor Averick, Rauvan M Contributor address; City; State Houston, TX 77071-2015	out-of-state PAC (ID#:_ ; Zip Code			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/06/2025	Full name of contributor  Baskaran, Arti  Contributor address; City; State  Plano, TX 75024-2913	out-of-state PAC (ID#:_ ; Zip Code			Amount of Contribution (\$)	\$0.83
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	<u>,</u> (5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/56 Rpt: 8/66	
2	FILER NAME Texas Colleç	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission   00016755	Filers)
4	Date 05/08/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$0.83
		Plano, TX 75024-2913				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/08/2025	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$0.83
	Principal occu Physician	Plano, TX 75024-2913 pation / Job title (See Instructions)	Employer (See Instructions	(i)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: Baskaran, Arti Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$0.83
		Plano, TX 75024-2913 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician  Date 02/07/2025	Full name of contributor  out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$0.83
	Principal occu Physician	Plano, TX 75024-2913 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: Baskaran, Arti Contributor address; City; State; Zip Code Plano, TX 75024-2913			Amount of Contribution (\$)	\$0.83
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		1				

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 6/56 Rpt: 9/66	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission F 00016755	-ilers)
4	Date 06/06/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$8.33
_		Coppell, TX 75019-4188				
8	Principal occu Physician	pation / Job title (See Instructions)  9	Employer (See Instructions)	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Bednar, Marian  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.33
	Deinsinal assu	Coppell, TX 75019-4188	Fandayar (Can Instruction)			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$8.33
		Coppell, TX 75019-4188				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: Bednar, Marian  Contributor address; City; State; Zip Code  Coppell, TX 75019-4188			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Bednar, Marian  Contributor address; City; State; Zip Code  Coppell, TX 75019-4188			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	)		

	MONEI	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/56 Rpt: 10/66	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Colleg	e Of Emergency Physicians PAC			00016755	
4	Date 01/09/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Bednar, Marian	)	7	Amount of Contribution (\$)	\$8.33
	02,00,2020	6 Contributor address; City; State; Zip Code				40.00
		Coppell, TX 75019-4188				
8	Principal occu Physician	oation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_			Amount of Contribution (\$)	
	01/09/2025	Beers, Jeffrey R				\$100.00
		Contributor address; City; State; Zip Code				
		McKinney, TX 75069-7462				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Date	Full name of contributor	, 1	Т	Amount of Contribution (\$)	
	06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Beeson, Michelle Abrams			Amount of Contribution (\$)	\$25.00
		Contributor address; City; State; Zip Code				
		Cleburne, TX 76031-7800				
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Physician					
	Date	Full name of contributor uut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/07/2025	Beeson, Michelle Abrams  Contributor address; City; State; Zip Code				\$25.00
		Cleburne, TX 76031-7800				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_			Amount of Contribution (\$)	
	04/08/2025	Bell, Atiba E				\$12.50
		Contributor address; City; State; Zip Code				
		Katy, TX 77450-8508				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		

	MONEI	ARY POLITICAL CONTRIBUT	IONS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 8/56 Rpt: 11/66	
2	FILER NAME			1	Filer ID (Ethics Commission	on Filers)
	Texas Colleg	e Of Emergency Physicians PAC			00016755	
4	Date 01/09/2025	5 Full name of contributor  out-of-state PAC (ID Bell, Atiba E	D#:)	7	Amount of Contribution (\$)	\$12.50
		6 Contributor address; City; State; Zip Code				
_	Dringing	Katy, TX 77450-8508	O Francisco (Con Instructions	<u>-,</u>		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date	Full name of contributor  uut-of-state PAC (ID	D#:)	'	Amount of Contribution (\$)	
	01/09/2025	Bell, Michael A				\$100.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75063-8423				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor  ut-of-state PAC (ID	D#:)	Τ.	Amount of Contribution (\$)	
	04/16/2025	Best, Jessica				\$1,200.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician					
	Date	Full name of contributor  ut-of-state PAC (ID	D#:)	T .	Amount of Contribution (\$)	
	06/06/2025	Blankenship, Alan Lane Contributor address; City; State; Zip Code				\$8.33
		Mansfield, TX 76063-3461				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor  ut-of-state PAC (ID	D#:)	Τ.	Amount of Contribution (\$)	
	05/08/2025	Blankenship, Alan Lane				\$8.33
		Contributor address; City; State; Zip Code		'		
		Mansfield, TX 76063-3461				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/56 Rpt: 12/66	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	ı Filers)
4	Date 04/08/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$8.33
_	5	Mansfield, TX 76063-3461				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/07/2025	Full name of contributor  out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$8.33
	Principal occu	Mansfield, TX 76063-3461 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	Jalion / Job title (See instructions)	Employer (See instructions	')		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$8.33
		Mansfield, TX 76063-3461				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONEI	ARY POLITICAL CONTRIBUTIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 10/56 Rpt: 13/66	
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)
	Texas Colle	e Of Emergency Physicians PAC		00016755	
4	Date 05/08/2025	5 Full name of contributor out-of-state PAC (ID#: Bourne, Liza P	) 7	Amount of Contribution (\$)	\$100.00
		6 Contributor address; City; State; Zip Code  San Antonio, TX 78261			
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See In	nstructions)		
	Physician	Salion, con the (coo metadatorie)	ion donorio)		
	Date	Full name of contributor out-of-state PAC (ID#:	, T	Amount of Contribution (\$)	
	01/09/2025	Briese, Beau A	/	Amount of Contribution (4)	\$50.00
	01/03/2023	Contributor address; City; State; Zip Code			Ψ50.00
		Contributor address, City, State, 21p Code			
		Bellaire, TX 77401-5507			
	Principal occu	pation / Job title (See Instructions) Employer (See Ir	nstructions)		
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	03/07/2025	Brown, Lynn Alan			\$100.00
		Contributor address; City; State; Zip Code			
		Celina, TX 75009-2855			
		pation / Job title (See Instructions) Employer (See In	nstructions)		
	Physician				
	Date	Full name of contributor	)	Amount of Contribution (\$)	
	01/09/2025	Bywaters, Daniel W			\$100.00
		Contributor address; City; State; Zip Code			
		Athens, TX 75751-9022			
		pation / Job title (See Instructions) Employer (See In	nstructions)		
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	02/07/2025	Carlyle, David C			\$50.00
		Contributor address; City; State; Zip Code			
		0.1 TV 77000 4040			
	Delin i i	Spring, TX 77380-1319			
		pation / Job title (See Instructions) Employer (See In	nstructions)		
	Physician				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 11/56 Rpt: 14/66	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 06/06/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Carter, Stephen A</li> <li>Contributor address; City; State; Zip Code</li> </ul>	_	7	Amount of Contribution (\$)	\$0.87
		Cibolo, TX 78108-3343	1			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Carter, Stephen A  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$0.83
	Principal occu	Cibolo, TX 78108-3343	Employer (See Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#: Carter, Stephen A  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$0.83
		Cibolo, TX 78108-3343				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: Carter, Stephen A Contributor address; City; State; Zip Code Cibolo, TX 78108-3343	)		Amount of Contribution (\$)	\$0.83
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Carter, Stephen A  Contributor address; City; State; Zip Code  Cibolo, TX 78108-3343			Amount of Contribution (\$)	\$0.83
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/56 Rpt: 15/66	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 01/09/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$0.83
		Cibolo, TX 78108-3343				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_ Chan, Hoi W Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Colleyville, TX 76034-5975 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		p - 9 - (	,		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_ Chapa, Phillip Edward Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Decatur, TX 76234-1085				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_ Chapa, Phillip Edward  Contributor address; City; State; Zip Code  Decatur, TX 76234-1085	)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#:_Chilton, R Lee  Contributor address; City; State; Zip Code  Austin, TX 78757-3241			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/56 Rpt: 16/66	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission F 00016755	-ilers)
4	Date 06/06/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$8.33
		Granbury, TX 76049-4463				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Clark, Gary R Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	Granbury, TX 76049-4463  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#: Clark, Gary R  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.33
	Principal occu	Granbury, TX 76049-4463 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	Salion 7 665 title (See instituctions)	Employer (See mondenons			
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: Clark, Gary R  Contributor address; City; State; Zip Code  Granbury, TX 76049-4463			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Clark, Gary R  Contributor address; City; State; Zip Code  Granbury, TX 76049-4463			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 14/56 Rpt: 17/66	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 01/09/2025	<ul> <li>Full name of contributor</li></ul>	_	7	Amount of Contribution (\$)	\$8.33
		Granbury, TX 76049-4463				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 04/28/2025	Full name of contributor out-of-state PAC (ID#: Compton, Albert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$600.00
	Principal occu	Dallas, TX 75205 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	Jauon / Job lille (See Instructions)	Employer (See instructions	')		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Cox, Stephen Brooke  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.08
		Austin, TX 78737-4689				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Cox, Stephen Brooke  Contributor address; City; State; Zip Code  Austin, TX 78737-4689			Amount of Contribution (\$)	\$2.08
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#: Cox, Stephen Brooke  Contributor address; City; State; Zip Code  Austin, TX 78737-4689			Amount of Contribution (\$)	\$2.08
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/56 Rpt: 18/66	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 03/07/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$2.08
		Austin, TX 78737-4689				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_ Cox, Stephen Brooke Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.08
	Dringing agg	Austin, TX 78737-4689	Employer (See Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_ Cox, Stephen Brooke Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.08
		Austin, TX 78737-4689				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ D'Etienne, James P  Contributor address; City; State; Zip Code  Dallas, TX 75230			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ DeWaal, Craig T  Contributor address; City; State; Zip Code  Austin, TX 78735-6244	)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 16/56 Rpt: 19/66	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 05/08/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID# DeWaal, Craig T</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$8.33
_	Deignigal	Austin, TX 78735-6244	To Francisco (Con Instructions			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID# DeWaal, Craig T Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$8.33
	Principal occu	Austin, TX 78735-6244 pation / Job title (See Instructions)	Employer (See Instructions	  -  s)		
	Physician					
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID# DeWaal, Craig T Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Austin, TX 78735-6244				
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID# DeWaal, Craig T Contributor address; City; State; Zip Code  Austin, TX 78735-6244	:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID# DeWaal, Craig T Contributor address; City; State; Zip Code  Austin, TX 78735-6244	:		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		
			'			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/56 Rpt: 20/66	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 01/09/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
_	5	Austin, TX 78717-4205				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Dewbre-Hendrick, Hillary Lizanne  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Dringing Loon	Amarillo, TX 79124-3717	Employer (Coo Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Dewbre-Hendrick, Hillary Lizanne  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Amarillo, TX 79124-3717				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		,				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/56 Rpt: 21/66	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	ı Filers)
4	Date 01/09/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
		Boerne, TX 78015-8374				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Ejesieme, Nnenna Cynthia  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Dringing agg	Dallas, TX 75209-5224	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Dallas, TX 75209-5224				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Erevelles, Christine R  Contributor address; City; State; Zip Code  San Antonio, TX 78258-4881	)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Erevelles, Christine R  Contributor address; City; State; Zip Code  San Antonio, TX 78258-4881	)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/56 Rpt: 22/66	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	on Filers)
4	Date 04/08/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7	Amount of Contribution (\$)	\$8.33
_		San Antonio, TX 78258-4881				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 03/07/2025	Full name of contributor  out-of-state PAC (ID#: Erevelles, Christine R  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Principal occu	San Antonio, TX 78258-4881 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician	(======================================		,		
	Date 02/07/2025	Full name of contributor  uut-of-state PAC (ID#:_ Erevelles, Christine R  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.33
		San Antonio, TX 78258-4881				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_Fawcett, Michael  Contributor address; City; State; Zip Code  Dallas, TX 75225-6749			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/28/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3,000.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		,				

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/56 Rpt: 23/66	
2	FILER NAME	2/5		3	Filer ID (Ethics Commission	n Filers)
		e Of Emergency Physicians PAC			00016755	
4	Date 05/08/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_</li> <li>Ford, Jonathan R</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
		Colleyville, TX 76034-7502				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_ Ford, Jonathan R  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	5	Colleyville, TX 76034-7502		<u></u>		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ Fortenberry, Dewitt Charles  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Texarkana, TX 75505-5217				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_Foster, Paul A  Contributor address; City; State; Zip Code  Austin, TX 78704-4235			Amount of Contribution (\$)	\$12.50
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_ Foster, Paul A  Contributor address; City; State; Zip Code  Austin, TX 78704-4235			Amount of Contribution (\$)	\$12.50
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	)NS		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/56 Rpt: 24/66	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas Colleg	e Of Emergency Physicians F	PAC			00016755	
4	Date 06/06/2025	<ul><li>5 Full name of contributor Gagnon, Garry F</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$8.33
		Dallas, TX 75214-3119	, ,				
8	Principal occu Physician	oation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	05/08/2025	Gagnon, Garry F	_				\$8.33
		Contributor address; City; Sta	ate; Zip Code				
		Dallas, TX 75214-3119					
	Principal occu	pation / Job title (See Instructions)	)	Employer (See Instructions	5)		
	Physician						
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	04/08/2025	Gagnon, Garry F					\$8.33
		Contributor address; City; Sta	ate; Zip Code				
		Dallas, TX 75214-3119					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician						
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/07/2025	Gagnon, Garry F  Contributor address; City; Sta	ate; Zip Code				\$8.33
		Dallas, TX 75214-3119					
	Principal occu Physician	oation / Job title (See Instructions)	)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/07/2025	Gagnon, Garry F					\$8.33
		Contributor address; City; Sta	ate; Zip Code				
		Dallas, TX 75214-3119					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/56 Rpt: 25/66	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 01/09/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$8.33
		Dallas, TX 75214-3119				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#: Galatzan, Leigh Stewart Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	Austin, TX 78738-6781  Dation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: Galatzan, Leigh Stewart  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78738-6781  Dation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician  Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_Garcia Rodriguez, Carlos  Contributor address; City; State; Zip Code  San Antonio, TX 78257-1507	)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Garner, Gayla Beth  Contributor address; City; State; Zip Code  Fort Worth, TX 76126-5719			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/56 Rpt: 26/66			
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)		
4	Date 01/09/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00		
_	Daine in a la casa	Beaumont, TX 77706-2571	2. England (Carlottestine					
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)				
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Gest, Albert L  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
	Principal occu	Corpus Christi, TX 78405 pation / Job title (See Instructions)	Employer (See Instructions					
	Physician Physician	oation 7 300 title (See instructions)	Employer (See instructions	,				
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Gest, Albert L  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00		
		Corpus Christi, TX 78405						
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: Gonzalez, Michael G Contributor address; City; State; Zip Code  Houston, TX 77008-7058	)		Amount of Contribution (\$)	\$50.00		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Gratton, James  Contributor address; City; State; Zip Code  McAllen, TX 78504-2198			Amount of Contribution (\$)	\$100.00		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)				

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE A	<b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 24/56 Rpt: 27/66	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission File 00016755	ers)
4	Date 02/07/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$1,	200.00
_	Deinsinal	Temple, TX 76508-0001	D. Faralana (On distriction			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID Gupta, Sandeep K  Contributor address; City; State; Zip Code	#:		Amount of Contribution (\$)	\$8.33
	Dringing agg	Irving, TX 75063-3357	Employer (See Instructions	<u></u>		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/08/2025	Full name of contributor	#:)		Amount of Contribution (\$)	\$8.33
		Irving, TX 75063-3357				
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 04/08/2025	Full name of contributor  out-of-state PAC (ID Gupta, Sandeep K  Contributor address; City; State; Zip Code  Irving, TX 75063-3357	#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID Gupta, Sandeep K  Contributor address; City; State; Zip Code  Irving, TX 75063-3357	#:)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 25/56 Rpt: 28/66	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 02/07/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$8.33
_		Irving, TX 75063-3357				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 01/09/2025	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.33
	Principal occu	Irving, TX 75063-3357 pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Physician					
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Heimbecker, Daniel A Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		San Angelo, TX 76904-2711				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,200.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#: Ho, Victor S  Contributor address; City; State; Zip Code  Houston, TX 77024-5034			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 26/56 Rpt: 29/66			
2	FILER NAME Texas Colleç	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)		
4	Date 01/09/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7	Amount of Contribution (\$)	\$25.00		
_	Deignigal	Houston, TX 77024-5034	) Francis (Coo Instructions					
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>				
	Date 03/07/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu Physician	San Antonio, TX 78253-5467 pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u> )				
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Hunte, Michael S Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu Physician	Parker, TX 75002-5537 pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Katan, Brian Scott  Contributor address; City; State; Zip Code  Trophy Club, TX 76262-5421	)		Amount of Contribution (\$)	\$8.33		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>				
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Katan, Brian Scott  Contributor address; City; State; Zip Code  Trophy Club, TX 76262-5421			Amount of Contribution (\$)	\$8.33		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)				
		<u>'</u>						

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/56 Rpt: 30/66	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	ı Filers)
4	Date 04/08/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$8.33
_	Dringing Lagge	Trophy Club, TX 76262-5421	Fmplover (Coe Instructions			
8	Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: Katan, Brian Scott Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.33
	Principal occu	Trophy Club, TX 76262-5421 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Katan, Brian Scott Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.33
		Trophy Club, TX 76262-5421				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: Katan, Brian Scott  Contributor address; City; State; Zip Code  Trophy Club, TX 76262-5421			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Kerbow, Shelby  Contributor address; City; State; Zip Code  Georgetown, TX 78628-6971	)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 28/56 Rpt: 31/66	
2	FILER NAME Texas College	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 05/08/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
•	Dringing Loon	Nacogdoches, TX 75965-2415	) Employer (Coo Instructions			
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor  out-of-state PAC (ID#: Klingenberg, Chris L  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Nacogdoches, TX 75965-2415 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
	Date 06/06/2025	Full name of contributor  out-of-state PAC (ID#: Knowles, Heidi C  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.33
		Forney, TX 75126-5825				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Knowles, Heidi C  Contributor address; City; State; Zip Code  Forney, TX 75126-5825			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#: Knowles, Heidi C  Contributor address; City; State; Zip Code  Forney, TX 75126-5825			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 29/56 Rpt: 32/66	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 03/07/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$8.33
_	5	Forney, TX 75126-5825	5 1 (0 1 1 1			
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Knowles, Heidi C Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Principal occu	Forney, TX 75126-5825 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: Knowles, Heidi C  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Forney, TX 75126-5825				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:Lagisetty, Jyothi Rama  Contributor address; City; State; Zip Code  Houston, TX 77007-6339			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 30/56 Rpt: 33/66	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 05/08/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
_	Dringing Loon	Corpus Christi, TX 78413-2718	D. Employer (See Instructions			
8	Physician Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor  out-of-state PAC (ID#: Leeson, Kimberly  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Corpus Christi, TX 78413-2718  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician	salion, oss also (coo insudesiono)	pieyei (eee meadaane	,		
	Date 06/06/2025	Full name of contributor  out-of-state PAC (ID#: Lilly, Travis K Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Northlake, TX 76247-1530				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:Lilly, Travis K  Contributor address; City; State; Zip Code  Northlake, TX 76247-1530	)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#:Lilly, Travis K  Contributor address; City; State; Zip Code  Northlake, TX 76247-1530			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		1				

	MONEI	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 31/56 Rpt: 34/66
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Colleg	e Of Emergency Physicians PAC		00016755
4	Date 03/07/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	,	7 Amount of Contribution (\$) \$8.33
		Northlake, TX 76247-1530		
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Lilly, Travis K  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$8.33
		Northlake, TX 76247-1530		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: Lilly, Travis K  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$8.33
		Northlake, TX 76247-1530		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Lonergan, Seamus Contributor address; City; State; Zip Code Dallas, TX 75229-2904		Amount of Contribution (\$) \$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Lubin, Cedrick  Contributor address; City; State; Zip Code  Houston, TX 77002	)	Amount of Contribution (\$) \$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
		•		

	MONEI	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 32/56 Rpt: 35/66
2	FILER NAME	0/5		3 Filer ID (Ethics Commission Filers)
		e Of Emergency Physicians PAC		00016755
4	Date 02/07/2025	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$25.00
8	Principal occu	Houston, TX 77002 pation / Job title (See Instructions)	9 Employer (See Instructions)	
Ĭ	Physician	Section 7 000 tale (000 metabotions)	2 Employer (ede mendenone)	
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$25.00
		San Antonio, TX 78209-2253		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: Magoon, Michael R  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$25.00
		San Antonio, TX 78209-2253		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$) \$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 33/56 Rpt: 36/66	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 02/07/2025	<ul> <li>Full name of contributor</li></ul>	_	7	Amount of Contribution (\$)	\$25.00
_	Deire sin al access	Friendswood, TX 77546-6145	le Frankrije (Oar katerijk)	Ĺ		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_Marks, Kristen Lynne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Argyle, TX 76226-6873 pation / Job title (See Instructions)	Employer (See Instructions	) 		
	Physician	oddon 7 oob dde (oee moddedono)	Employer (See monded)	')		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_Marquez, Otto J  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Dallas, TX 75214-3559				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_Marquez, Otto J  Contributor address; City; State; Zip Code  Dallas, TX 75214-3559			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#: Marquez, Otto J  Contributor address; City; State; Zip Code  Dallas, TX 75214-3559			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/56 Rpt: 37/66	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 03/07/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$8.33
_		Dallas, TX 75214-3559				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_ Marquez, Otto J  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Dringinal accu	Dallas, TX 75214-3559 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Physician Physician	oation / Job title (See instructions)	Employer (See instructions	')		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_Marquez, Otto J  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Dallas, TX 75214-3559				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_Martinez, Oscar  Contributor address; City; State; Zip Code  Cypress, TX 77429-6957			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_Martinez, Oscar  Contributor address; City; State; Zip Code  Cypress, TX 77429-6957			Amount of Contribution (\$)	\$8.37
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 35/56 Rpt: 38/66	
2	FILER NAME Texas College	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 01/09/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$8.33
_		Cypress, TX 77429-6957				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/06/2025	Full name of contributor			Amount of Contribution (\$)	\$100.00
	Drincinal occu	Dallas, TX 75252-5129 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	oalion7 300 title (See instructions)	Employer (See instructions	,		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$8.33
		Fort Worth, TX 76114-1256				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: McCarthy, Terence J  Contributor address; City; State; Zip Code  Fort Worth, TX 76114-1256			Amount of Contribution (\$)	\$8.37
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 36/56 Rpt: 39/66	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission   00016755	Filers)
4	Date 03/07/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$8.33
		Fort Worth, TX 76114-1256				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor	)		Amount of Contribution (\$)	\$8.33
	Dringing! goog	Fort Worth, TX 76114-1256	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: McCarthy, Terence J Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.33
		Fort Worth, TX 76114-1256				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		<u>'</u>				

	MONEI	ARY POLITICAL CONTRIBUTIO	ons		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/56 Rpt: 40/66	
2	FILER NAME			ı	Filer ID (Ethics Commission F	-ilers)
	Texas Colle	e Of Emergency Physicians PAC			00016755	
4	Date 05/08/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Mendenhall, Brian</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$8.33
		Longview, TX 75601-3567				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/08/2025	Mendenhall, Brian				\$8.33
		Contributor address; City; State; Zip Code				
		Longview, TX 75601-3567				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/07/2025	Mendenhall, Brian				\$8.33
		Contributor address; City; State; Zip Code				
	Dringinal occu	Longview, TX 75601-3567 pation / Job title (See Instructions)	Employer (See Instructions)	·,		
	Physician Physician		Employer (See Instructions			
	Date	Full name of contributor  uut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/07/2025	Mendenhall, Brian  Contributor address; City; State; Zip Code				\$8.33
		Longview, TX 75601-3567				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/09/2025	Mendenhall, Brian				\$8.33
		Contributor address; City; State; Zip Code				
		Longview, TX 75601-3567				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	s)		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 38/56 Rpt: 41/66	
2	FILER NAME Texas College	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 02/07/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$100.00
_	Daine in a la casa	Linn, TX 78563-0197	2. England (Carlottestine			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Metz, Rachel L Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78260-6293  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician	salion, oss also (coo insulaciono)	pieyer (eee meadeans	,		
	Date 04/08/2025	Full name of contributor  out-of-state PAC (ID#: Metz, Rachel L  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78260-6293				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Morris, Andrew C  Contributor address; City; State; Zip Code  Frisco, TX 75036-8172	)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/56 Rpt: 42/66	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	ı Filers)
4	Date 04/08/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$8.33
_		Frisco, TX 75036-8172				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_Morris, Andrew C  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Frisco, TX 75036-8172 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician  Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_ Morris, Andrew C Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Frisco, TX 75036-8172 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician  Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_Morris, Andrew C  Contributor address; City; State; Zip Code  Frisco, TX 75036-8172			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_Mullane, Geraldine F  Contributor address; City; State; Zip Code  Brownsville, TX 78526-4343			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/56 Rpt: 43/66	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Colle	e Of Emergency Physicians PAC			00016755	
4	Date 05/08/2025	<ul> <li>Full name of contributor  uut-of-state PAC (ID#: Nance, Brenna J</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75204-7413				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date	Full name of contributor  ut-of-state PAC (ID#:	) [		Amount of Contribution (\$)	
	03/07/2025	Nesemann, Samuel	,			\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78230-4025				
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#</b> 100.00
	03/07/2025	O'Connor, Daniel B				\$100.00
		Contributor address; City; State; Zip Code				
		Spring, TX 77380-4019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	()		
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/08/2025	Okoronkwo, Michael Chikwendu				\$25.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77006				
	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 (\$)	
	06/06/2025	Patel, Rajeev J				\$8.33
		Contributor address; City; State; Zip Code				
		Plano, TX 75093-3457				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		

	MONEI	ARY POLITICAL CONTRIBUTIO	ons		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 41/56 Rpt: 44/66
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Texas Colleg	e Of Emergency Physicians PAC			00016755
4	Date 03/07/2025	5 Full name of contributor  out-of-state PAC (ID#:_ Peckenpaugh, Daniel Eugene	)	7	Amount of Contribution (\$) \$1,200.00
		6 Contributor address; City; State; Zip Code			
_		Fort Worth, TX 76244-6462		Ĺ	
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)	
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	05/08/2025	Phariss, Chase			\$25.00
		Contributor address; City; State; Zip Code			
		Fort Worth, TX 76109-2617			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date	Full name of contributor	)	Π	Amount of Contribution (\$)
	02/07/2025	Phariss, Chase	_		\$25.00
		Contributor address; City; State; Zip Code			
		Fort Worth, TX 76109-2617			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date	Full name of contributor	)	Г	Amount of Contribution (\$)
	06/06/2025	Phillips, Todd  Contributor address; City; State; Zip Code			\$100.00
		Dallas, TX 75208-5002			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)	
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	02/07/2025	Piard, Hermann Pierre			\$50.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78702-2674			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 42/56 Rpt: 45/66	
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 05/08/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Odessa, TX 79765-8006 pation / Job title (See Instructions)	Employer (See Instructions	()		
_	Physician		Employer (See monucuons	,		
	Date 02/07/2025	Full name of contributor	)		Amount of Contribution (\$)	\$25.00
	Dringing Loggy	Odessa, TX 79765-8006	Employer (Coo Instructions	_		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Pugh, George-Thomas M Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78248-1715				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Pugh, George-Thomas M  Contributor address; City; State; Zip Code  San Antonio, TX 78248-1715	)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#: Pumarejo Gomez, Laura Sofia  Contributor address; City; State; Zip Code  Frisco, TX 75035	)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
		<u> </u>				

	MONEI	ARY POLITICAL (	CONTRIBUTION	)NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	v to complete this f	iorm.	1	Total pages Schedule A1: Sch: 43/56 Rpt: 46/66	
2	FILER NAME Texas Colleg	ge Of Emergency Physicians	PAC		3	Filer ID (Ethics Commission F 00016755	-ilers)
4	Date 05/08/2025	Full name of contributor     Pumarejo Gomez, Laura     Contributor address; City; Si	out-of-state PAC (ID#:_ Sofia		7	Amount of Contribution (\$)	\$8.33
		Frisco, TX 75035					
8	Principal occu Physician	pation / Job title (See Instructions	;)	9 Employer (See Instructions	s)		
	Date 04/08/2025	Full name of contributor Pumarejo Gomez, Laura Contributor address; City; Si				Amount of Contribution (\$)	\$8.33
	Principal occu	Frisco, TX 75034-2315 spation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> S)		
	Physician						
	Date 03/07/2025	Full name of contributor Pumarejo Gomez, Laura		)		Amount of Contribution (\$)	\$8.33
		Frisco, TX 75034-2315					
	Principal occu Physician	pation / Job title (See Instructions	ş)	Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor Pumarejo Gomez, Laura : Contributor address; City; Si Frisco, TX 75034-2315				Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
	Date 01/09/2025	Full name of contributor Pumarejo Gomez, Laura : Contributor address; City; Si Frisco, TX 75034-2315			•	Amount of Contribution (\$)	\$8.33
	Principal occu Physician	I pation / Job title (See Instructions	;)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/56 Rpt: 47/66	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 06/06/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Roach, Cayce J</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$8.33
		San Antonio, TX 78253-6280				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 04/08/2025	Full name of contributor  out-of-state PAC (ID#:_ Rodriguez, Larissa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Montgomery, TX 77316 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	oution / Job title (See mandellons)	Employer (See manucuons	,		
	Date 06/06/2025	Full name of contributor  out-of-state PAC (ID#:_ Rose, Jackie Lee  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Greenville, TX 75402-2824				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_Rose, Jackie Lee  Contributor address; City; State; Zip Code  Greenville, TX 75402-2824	)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_Rucker, Ebony R  Contributor address; City; State; Zip Code  El Paso, TX 79934-2300			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		,				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 45/56 Rpt: 48/66	
2	FILER NAME Texas Colleç	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 05/08/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	)	7	Amount of Contribution (\$)	\$8.33
		El Paso, TX 79934-2300				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$8.33
	Dringing agg	El Paso, TX 79934-2300	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: Rucker, Ebony R  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		El Paso, TX 79934-2300				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Rucker, Ebony R  Contributor address; City; State; Zip Code  El Paso, TX 79934-2300			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 46/56 Rpt: 49/66	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 05/08/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
_	5	Taylor Lake Village, TX 77586-4528				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Rumph, Gregory E  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Taylor Lake Village, TX 77586-4528  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#: Salazar, Gilberto A  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Allen, TX 75002-2621				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:Salem, Michael E  Contributor address; City; State; Zip Code  San Clemente, CA 92672			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:Sheena, Douglas A  Contributor address; City; State; Zip Code  Dallas, TX 75206-0500			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 47/56 Rpt: 50/66	
2	FILER NAME Texas College	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 05/08/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Sheena, Douglas A</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$8.33
		Dallas, TX 75206-0500				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#:_ Sheena, Douglas A Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Dallas, TX 75206-0500	1			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: Sheena, Douglas A  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.33
		Dallas, TX 75206-0500				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Sheena, Douglas A  Contributor address; City; State; Zip Code  Dallas, TX 75206-0500			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: Sheena, Douglas A  Contributor address; City; State; Zip Code  Dallas, TX 75206-0500			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructions	)		
			'			

	MONEI	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 48/56 Rpt: 51/66	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Colleç	e Of Emergency Physicians PAC			00016755	
4	Date 06/06/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$16.67
		Lubbock, TX 79413				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Shipkey, Gregory M Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Flower Mound, TX 75022-6540				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor	)		Amount of Contribution (\$)	\$100.00
		Plano, TX 75074-0158				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_ Simonson, Robert B  Contributor address; City; State; Zip Code  Duncanville, TX 75137-3736	)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_ Sletten, Zachary J  Contributor address; City; State; Zip Code  San Antonio, TX 78209-2939			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 49/56 Rpt: 52/66	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 06/06/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
_	B	Corpus Christi, TX 78415-2166				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_Soler, Gabriella  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75201-4482 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	oation / Job title (See instructions)	Employer (See instructions	,		
	Date 06/06/2025	Full name of contributor  out-of-state PAC (ID#:_ Stacks, Kevin B  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$8.33
		Denison, TX 75020-0775				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_Stacks, Kevin B  Contributor address; City; State; Zip Code  Denison, TX 75020-0775			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#:_Stacks, Kevin B  Contributor address; City; State; Zip Code  Denison, TX 75020-0775	)		Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 50/56 Rpt: 53/66	
2	FILER NAME Texas Colleç	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 03/07/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$8.33
		Denison, TX 75020-0775				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Stacks, Kevin B Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Dringing age	Denison, TX 75020-0775	Employer (Coo Instructions	_		
	Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:Stacks, Kevin B  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Denison, TX 75020-0775				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:Stewart, Stephen P  Contributor address; City; State; Zip Code  Pagosa Springs, CO 81147-9089			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: Stroupe, Earnest W  Contributor address; City; State; Zip Code  Arp, TX 75750-9643			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 51/56 Rpt: 54/66	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 05/08/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75225-7653				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor			Amount of Contribution (\$)	\$25.00
	Dringing age	Dallas, TX 75225-7653	Employer (Coo Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_ Swickhamer, Connie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	D: : 1	Southlake, TX 76092-3854	5 1 (0 1 : :			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Thomas, Jacob  Contributor address; City; State; Zip Code  Houston, TX 77024-7808			Amount of Contribution (\$)	\$1.67
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Thomas, Jacob  Contributor address; City; State; Zip Code  Houston, TX 77024-7808			Amount of Contribution (\$)	\$1.63
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		,				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 52/56 Rpt: 55/66	
2	FILER NAME Texas Colleg	je Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	Filers)
4	Date 04/08/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1.67
		Houston, TX 77024-7808				
8	Principal occu Physician	pation / Job title (See Instructions)	<b>9</b> Employer (See Instructions	)		
	Date 03/07/2025	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.67
	Principal occu Physician	Houston, TX 77024-7808 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Thomas, Jacob Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1.67
		Houston, TX 77024-7808				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:Thomas, Jacob  Contributor address; City; State; Zip Code  Houston, TX 77024-7808			Amount of Contribution (\$)	\$1.67
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Thompson, Jeffrey B  Contributor address; City; State; Zip Code  Beaumont, TX 77726-2779			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 53/56 Rpt: 56/66	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	n Filers)
4	Date 02/07/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
_	Daine in a la casa	Beaumont, TX 77726-2779	- Faralassa (Osa lastrudia			
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: Tinoco, Amalia Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Corpus Christi, TX 78413-2824 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician	(200)				
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: Tinoco, Amalia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78413-2824				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Tran, MacLong T  Contributor address; City; State; Zip Code  Richardson, TX 75082-5604			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Tran, MacLong T  Contributor address; City; State; Zip Code  Richardson, TX 75082-5604	)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
		•				

	MONEI	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/56 Rpt: 57/66	
2	FILER NAME	o Of Emorganov Physicians DAC		3	Filer ID (Ethics Commission	Filers)
_		e Of Emergency Physicians PAC		Ļ	00016755	
4	Date 03/07/2025	<ul> <li>Full name of contributor</li></ul>	_	7	Amount of Contribution (\$)	\$8.33
8	Principal occu	Houston, TX 77004-1255 pation / Job title (See Instructions)	9 Employer (See Instructions	) i)		
•	Physician			,		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ Tull, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
	Dringing con	Houston, TX 77004-1255	Employer (Coo Instructions	<u>,                                     </u>		
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions	o)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_ Tull, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$8.33
		Houston, TX 77004-1255				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> 5)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_ Tull, Jonathan  Contributor address; City; State; Zip Code  Houston, TX 77004-1255			Amount of Contribution (\$)	\$8.33
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> 5)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_Walker, Kara K  Contributor address; City; State; Zip Code  Dallas, TX 75204-2840			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 55/56 Rpt: 58/66	
2	FILER NAME Texas Colleg	e Of Emergency Physicians PAC		3	Filer ID (Ethics Commission 00016755	ı Filers)
4	Date 05/08/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$100.00
_	Deinainal accu	Texarkana, TX 75503-1906	- Faralous (Coo Instructions			
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: Williams, Makayla N Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77003-4522 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician					
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: Wolfshohl, Jon  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Fort Worth, TX 76104-4409				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Xiong, Tanya  Contributor address; City; State; Zip Code  Houston, TX 77004-5933			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 56/56 Rpt: 59/66
2	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Texas College Of Emergency Physicians PAC	00016755
4	Date 06/06/2025  5 Full name of contributor out-of-state PAC (ID#:	_) <b>7</b> Amount of Contribution (\$) \$25.0
_	Frisco, TX 75034-8353	
8	Principal occupation / Job title (See Instructions)  Physician  9 Employer (See Instru	ctions)
	Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$) \$25.0
	Contributor address; City; State; Zip Code	
	Frisco, TX 75034-8353	
	Principal occupation / Job title (See Instructions) Employer (See Instru Physician	ctions)

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE C3

The Instruction Guide explains how to complete this form.					Schedule C3: ht: 60/66
2	FILER NAME Texas Colleg	ge Of Emergency Physicians PAC	3	Filer ID 00016755	(Ethics Commission Filers)
4	Date 01/09/2025	5 Corporation / Labor Organization name American College of Emergency Physicians	6	Amount (\$)	45.29
	Date 02/07/2025	Corporation / Labor Organization name American College of Emergency Physicians		Amount (\$)	48.66
	Date 03/07/2025	Corporation / Labor Organization name American College of Emergency Physicians		Amount (\$)	23.76
	Date 04/08/2025	Corporation / Labor Organization name American College of Emergency Physicians		Amount (\$)	18.60
	Date 05/08/2025	Corporation / Labor Organization name American College of Emergency Physicians		Amount (\$)	74.16
	Date 06/06/2025	Corporation / Labor Organization name American College of Emergency Physicians		Amount (\$)	28.66

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

### SCHEDULE C4

$\vdash$							
	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C4: Sch: 1/1 Rpt: 61/66				
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)		
	Texas Colle	ge Of Emergency Physicians PAC		00016755			
4	Date	5 Corporation / Labor Organization name	6	Amount (\$)			
L	01/31/2025	Texas College of Emergency Physicians			118.13		
Г	Date	Corporation / Labor Organization name		Amount (\$)			
L	02/28/2025	Texas College of Emergency Physicians			118.13		
Г	Date	Corporation / Labor Organization name		Amount (\$)			
	03/31/2025	Texas College of Emergency Physicians			118.13		
Г	Date	Corporation / Labor Organization name		Amount (\$)			
L	04/30/2025	Texas College of Emergency Physicians			118.13		
$\vdash$	Date	Corporation / Labor Organization name		Amount (\$)			
L	05/31/2025	Texas College of Emergency Physicians			118.13		
T	Date	Corporation / Labor Organization name		Amount (\$)			
	06/30/2025	Texas College of Emergency Physicians			118.13		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Takal manna Cabadula Edu	
1 Total pages Schedule F1:	
Sch: 1/5 Rpt: 62/66	Texas College Of Emergency Physicians PAC 00016755
4 Date	5 Payee name
01/20/2025	American College of Emergency Physicians
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$180.00	P.O. Box 619911
X Expenditure from corporate funds	Dallas, TX 75261
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Administrative support for solicitations.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/08/2025	Bourne, Liza P
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	26944 Rustic Brook
<del>+-+-</del>	200 H Music Brook
Expenditure from	O A - 1 - 1 - TV 70004
corporate funds	San Antonio, TX 78261
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Refund of contribution received.
2 Li ONIVitaliana	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/02/2025	Payscape
Amount (\$)	Payee address; City; State; Zip Code
\$13.62	1438 West Peachtree Street NW
<del></del> -	1100 110011 000
Expenditure from	AU
corporate funds	Atlanta, GA 30309
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Processing fees for online/credit card contributions to committee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit Gro	<u> </u>

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politice Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 63/66	Texas College Of Emergency Physicians PAC 00016755
4 Date	5 Payee name
02/03/2025	Payscape
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.62	1438 West Peachtree Street NW
Expenditure from corporate funds	Atlanta, GA 30309
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Processing fees for online/credit card contributions to
	committee.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/03/2025	Payscape
Amount (\$)	Payee address; City; State; Zip Code
\$13.62	1438 West Peachtree Street NW
Ψ13.02	1430 West reachinee Sheet NW
Expenditure from corporate funds	Atlanta, GA 30309
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Processing fees for online/credit card contributions to committee.
Operation ONLY if allowers	Out tild to 10 th a half an array of the annual to 10 th a half
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
04/01/2025	Payscape
Amount (\$)	Payee address; City; State; Zip Code
\$13.62	1438 West Peachtree Street NW
,	
Expenditure from corporate funds	Atlanta, GA 30309
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
2/4 2/15/10/1C	Check if Austin, TX, officeholder living expense
	Processing fees for online/credit card contributions to committee.
Complete ONLY if alice	Candidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
,	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/Officeholder/Politic Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1: Sch: 3/5 Rpt: 64/66	2 FILER NAME Texas College Of Emergency Physicians PAC  3 Filer ID (Ethics Commission Filers) 00016755
4 Date	5 Payee name
05/01/2025	Payscape
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$203.03	1438 West Peachtree Street NW
Expenditure from corporate funds	Atlanta, GA 30309
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Processing fees for online/credit card contributions to
	committee.
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	'
Date	Payee name
06/02/2025	Payscape
Amount (\$)	Payee address; City; State; Zip Code
\$13.62	1438 West Peachtree Street NW
Expenditure from	
corporate funds	Atlanta, GA 30309
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Processing fees for online/credit card contributions to
	committee.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/09/2025	Swickhamer, Connie
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	801 Silverton Street
Expenditure from corporate funds	Southlake, TX 76092-3854
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Refund of contribution received.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>y</b>

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 65/66	Texas College Of Emergency Physicians PAC 00016755
4 Date	5 Payee name
04/08/2025	Wells Fargo Bank, N.A.
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code P.O. Box 6995
, , , , ,	
X Expenditure from corporate funds	Portland, OR 97228
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Bank service charge.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/08/2025	Wells Fargo Bank, N.A.
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	P.O. Box 6995
X Expenditure from corporate funds	Portland, OR 97228
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Bank service charge.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/08/2025	Wells Fargo Bank, N.A.
Amount (\$)	Payee address; City; State; Zip Code
\$3.00	P.O. Box 6995
, , , , ,	
X Expenditure from corporate funds	Portland, OR 97228
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LABITORE	Check if Austin, TX, officeholder living expense
	Bank service charge.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Comn	nittee	Legal S	vards/Memorial Services nstruction G	Printing Expense Salaries/Wages/Contract Labor s how to complete this form.				Travel Out of Di OTHER (enter a	sted above)		
1	Total pages Schedule F1:	2 F	ILER NA	ME						3	Filer ID	(Ethics Con	nmission Filers)
	Sch: 5/5 Rpt: 66/66	T	exas Co	ollege O	f Emerger	ncy Physici	ans PAC	;			00016755		
4	Date	5 P	ayee nar	ne									
	06/09/2025	v	Vells Fa	rgo Ban	k, N.A.								
6	Amount (\$)	<b>7</b> P	ayee ado	dress;	City;	Stat	e; Zip C	ode					
	\$10.00	F	O. Box	6995									
X		F	Portland,	OR 972	228								
8	PURPOSE	(a) C	Category	(See Cate	gories listed at	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		ees						ш		de of Texas. Con		T.
									_		officeholder livin	g expense	
									Bank service	e CH	arge.		
								<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OH	Ca H	ındidate/0	Officehol	der name		Office sou	ught			Office h	eld	
$\vdash$													
ı													