MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00055755

2 Total pages filed: 14

3 COMMITTEE NAME: Dallas County Medical Society PAC

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 11/04/2025

Date Hand-delivered or Date Postmarked:

Receipt # / Amount:

Date Processed:

Date Imaged:

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP

DCMS
2611 Fairmount St
Dallas, TX 75201

5 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Gabriela | MI

NICKNAME | LAST: Uquillas | SUFFIX

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2611 Fairmount St
Dallas, TX 75201

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2611 Fairmount St
Dallas, TX 75201

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(214) 413-1426

9 REPORT TYPE

- [X] Monthly
- [ ] 10th day after campaign treasurer termination
- [ ] Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE

- [ ] January 5
- [ ] February 5
- [ ] March 5
- [ ] April 5
- [ ] May 5
- [ ] June 5
- [ ] July 5
- [ ] August 5
- [ ] September 5
- [ ] October 5
- [X] November 5
- [ ] December 5

11 PERIOD COVERED

Month Day Year: 09/26/2025 THROUGH Month Day Year: 10/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Dallas County Medical Society PAC	00055755

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,734.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 35,942.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 AFFIDAVIT

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

Gabriela Uquillas

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

SUBTOTALS - MPAC

FORM MPAC
COVER SHEET PG 3

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
Dallas County Medical Society PAC	00055755

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 1,734.00
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$**
4.	[ ]	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
5.	[ ]	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
6.	[ ]	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
7.	[ ]	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
8.	[ ]	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
9.	[ ]	SCHEDULE E: LOANS	**$**
10.	[ ]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
11.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
12.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
13.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
14.	[X]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 149.09
15.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/14

2 FILER NAME: Dallas County Medical Society PAC

3 Filer ID (Ethics Commission Filers): 00055755

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/05/2025	Abbaschian M.D., Cyrus	$50.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75230-6831	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Ahmed M.D., Anisa	$28.00
	Contributor address; City; State; Zip Code: Richardson, TX 75082-9713	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Anderson M.D., Howard	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75203-1270	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/02/2025	Anderson M.D., Terrence	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75229-4107	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Aronoff M.D., Ronald	$28.00
	Contributor address; City; State; Zip Code: Dallas, TX 75230-5124	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/14

2 FILER NAME: Dallas County Medical Society PAC

3 Filer ID (Ethics Commission Filers): 00055755

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/15/2025	Barcelo M.D., Carlos	$21.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75230-6848	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Bassichis M.D., Benjamin	$28.00
	Contributor address; City; State; Zip Code: Dallas, TX 75229-6301	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/13/2025	Bishop M.D., Justin	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75228-4237	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/25/2025	Blanchard M.D., Lawrence	$42.00
	Contributor address; City; State; Zip Code: Arlington, TX 76003-0129	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/01/2025	Bohra D.O., Hema	$42.00
	Contributor address; City; State; Zip Code: McKinney, TX 75072-4198	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/14

2 FILER NAME: Dallas County Medical Society PAC

3 Filer ID (Ethics Commission Filers): 00055755

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Brockie M.D., Robert	$42.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75254-2814	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Callewart M.D., Craig	$28.00
	Contributor address; City; State; Zip Code: Dallas, TX 75231-5949	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Chanez M.D., James	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75231-4308	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Cocco M.D., Jennyfer	$100.00
	Contributor address; City; State; Zip Code: Dallas, TX 75231-4210	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	Constantine M.D., Fadi	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75231-4406	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/14

2 FILER NAME: Dallas County Medical Society PAC

3 Filer ID (Ethics Commission Filers): 00055755

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/15/2025	Dossett M.D., Lucy	$7.00
	6 Contributor address; City; State; Zip Code: Roanoke, TX 76262-0619	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Dyrved M.D., Niels-Jorgen	$28.00
	Contributor address; City; State; Zip Code: Dallas, TX 75205-1923	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Eisenberg M.D., Dennis	$50.00
	Contributor address; City; State; Zip Code: Plano, TX 75024-2706	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Feferman M.D., Robert	$28.00
	Contributor address; City; State; Zip Code: Irving, TX 75062-2763	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/19/2025	Flanagin M.D., Brody	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75246-1621	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/14

2 FILER NAME: Dallas County Medical Society PAC

3 Filer ID (Ethics Commission Filers): 00055755

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/05/2025	Gottesman M.D., Andrew	$28.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75230-2200	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Greer M.D., Laura	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75231-4391	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/16/2025	Griffith M.D., Clark	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75230-2598	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Gutierrez M.D., Maureen	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75231-4413	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Hammack M.D., Mary	$28.00
	Contributor address; City; State; Zip Code: Plano, TX 75093-8124	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/14

2 FILER NAME: Dallas County Medical Society PAC

3 Filer ID (Ethics Commission Filers): 00055755

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/15/2025	Heil M.D., Thomas	$42.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75205-1905	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/07/2025	Hick M.D., Ryan	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75247-4915	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Huang M.D., Philip	$28.00
	Contributor address; City; State; Zip Code: Dallas, TX 75204-2499	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Kennedy M.D., Julie	$49.00
	Contributor address; City; State; Zip Code: Dallas, TX 75287-4022	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Kerwin M.D., Diana	$10.00
	Contributor address; City; State; Zip Code: Dallas, TX 75206-1910	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/14

2 FILER NAME: Dallas County Medical Society PAC

3 Filer ID (Ethics Commission Filers): 00055755

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Kravitz M.D., Michelle	$15.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75230-1817	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Moreno D.O., Susan	$42.00
	Contributor address; City; State; Zip Code: Rockwall, TX 75032-8446	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Pao M.D., Julie	$28.00
	Contributor address; City; State; Zip Code: Dallas, TX 75214-1904	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Parker M.D., Thornwell	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75231-4469	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Patel M.D., Amit	$7.00
	Contributor address; City; State; Zip Code: Dallas, TX 75219-4301	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/14

2 FILER NAME: Dallas County Medical Society PAC

3 Filer ID (Ethics Commission Filers): 00055755

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/05/2025	Patel M.D., Satin	$42.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75225-6751	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/20/2025	Ramirez M.D., Manuel	$42.00
	Contributor address; City; State; Zip Code: Irving, TX 75039-2470	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/05/2025	Roe M.D., Erin	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75205-1892	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/22/2025	Rosen M.D., Robin	$25.00
	Contributor address; City; State; Zip Code: Dallas, TX 75390-9032	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/17/2025	Royer M.D., Christian	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75246-1621	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/14

2 FILER NAME: Dallas County Medical Society PAC

3 Filer ID (Ethics Commission Filers): 00055755

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Sehgal M.D., Supriya	$42.00
	6 Contributor address; City; State; Zip Code: Richardson, TX 75082-4277	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Stuart M.D., Kyle	$28.00
	Contributor address; City; State; Zip Code: Dallas, TX 75204-6607	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Toler M.D., Gretchen	$28.00
	Contributor address; City; State; Zip Code: Dallas, TX 75231-0978	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Tran M.D., Maclong	$28.00
	Contributor address; City; State; Zip Code: Dallas, TX 75231-4316	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/10/2025	Way M.D., Sarah	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75229-4247	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/14

2 FILER NAME: Dallas County Medical Society PAC

3 Filer ID (Ethics Commission Filers): 00055755

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/05/2025	Weinstein M.D., Gary	$28.00
	6 Contributor address; City; State; Zip Code: Farmers Branch, TX 75234-6441	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/20/2025	Whitman M.D., Jeffrey	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75243-6602	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/09/2025	Woodbridge M.D., Ann	$42.00
	Contributor address; City; State; Zip Code: Dallas, TX 75230-2598	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Physician	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	**2** FILER NAME Dallas County Medical Society PAC	**3** Filer ID (Ethics Commission Filers) 00055755
4 Date 09/30/2025	**5** Payee name Dallas County Medial Society	
6 Amount ($) 149.09 ☐ Expenditure from corporate funds	**7** Payee Address; City; State; Zip 2611 Fairmount St Dallas, TX 75201	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See instructions for examples of acceptable categories) Accounting/Banking	**(b)** Description (See instructions regarding type of information required.) Accounting platform and credit card fees