

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084224	2 Total pages filed: 11				
3 COMMITTEE NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged					
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address 2701 West 15th St. Ste. 501 Plano, TX 75075							
5 CAMPAIGN TREASURER NAME	MS / MRS / MR 	FIRST Sam	MI				
	NICKNAME 	LAST Barbee	SUFFIX				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2701 West 15th Street Ste. 501 Plano, TX 75075		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 2701 West 15th Street Ste. 501 Plano, TX 75075						
8 CAMPAIGN TREASURER PHONE	AREA CODE (469) 291-1954	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff						
10 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year	
11 ELECTION	ELECTION DATE Month 01/13/2026	Day	Year	Primary <input checked="" type="checkbox"/>	Runoff <input type="checkbox"/>	Other <input type="checkbox"/>	ELECTION TYPE General <input type="checkbox"/> Special <input type="checkbox"/>

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

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		13 FILER ID (Ethics Commission Filers) 00084224
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) <input type="checkbox"/> 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)	\$ 4,521.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,800.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,995.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT		
<p>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.</p> <p style="text-align: right;">_____ Sam Barbee _____ Signature of Campaign Treasurer</p>		
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 - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 11

17 COMMITTEE NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society	18 Filer ID (Ethics Commission Filers) 00084224
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 4,521.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
9. <input type="checkbox"/> SCHEDULE E: LOANS \$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 2,800.00	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input type="checkbox"/> 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: 1/7 Rpt: 4/11
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 10/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angobaldo M.D., Jeff (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Plano, TX 75024	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Renaissance Plastic Surgery
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappell M.D., Timothy (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Allen, TX 75013	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Collin County Pulmonary Associates
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhudshia M.D., Neha (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75240	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Internal Medicine Associates
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz M.D., Marlene (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Plano, TX 75035	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Plano Wellness
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottimukkala M.D., Sri (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/11
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helleman M.D., Michael (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Plano, TX 75075	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iyer M.D., Aparna (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Frisco, TX 75034	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob M.D., Katherine (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Redlands, CA 92373	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kainth M.D., Manvinder (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Maple Primary Care
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapadia M.D., Darshan (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Internal Medicine Associates of West Plano

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/11
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katari M.D., Vijay (Dr.)	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code Frisco, TX 75035	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kouyoumjian, Adam (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OrthoTexas
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ku M.D., Lowell (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Frisco, TX 75034	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kureishy M.D., Shahrukh (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McKinney, TX 75069	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lakshmi-Devi Mummadi M.D., Vijaya (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/11
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 11/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu M.D., Aojing (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code McKinney, TX 75071	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lunde M.D., Kevin (Mr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Plano, TX 75093-5385	
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) Self
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maqbool M.D., Mohsin (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75024	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon M.D., Matthew (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Sejal (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Allen, TX 75013	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Psychiatric Medical Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/11
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mestry M.D., Kaustubh (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Frisco, TX 75034	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer M.D., Darren (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McKinney, TX 75069	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plano Wellness	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed M.D., Donald (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubianes M.D., Elba (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Prosper, TX 75078	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/11
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaikh M.D., Raheel (Dr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Frisco, TX 75035	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shimer M.D., Andrew (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McKinney, TX 75070	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thimann M.D., Daniel (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Allen, TX 75013	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins M.D., John (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75075	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran M.D., Diep Denise (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code McKinney, TX 75075	
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) Baylor Scott & White

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/11
2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County Medical Society		3 Filer ID (Ethics Commission Filers) 00084224
4 Date 11/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verret M.D., Daniel (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Plano, TX 75024	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller M.D., Thomas (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiovascular Consultants of N. TX
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wicks M.D., Joyclyn (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Frisco, TX 75034	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagnik M.D., Hitesh (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75093	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/1 Rpt: 11/11	2 FILER NAME North Texas Physicians PAC of the Collin-Fannin County	3 Filer ID (Ethics Commission Filers) 00084224
4 Date 10/09/2025	5 Payee name Hill, Chris (Commissioner)	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2300 Bloomdale Road Ste. 4192 McKinney, TX 75071	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/09/2025	Payee name Paxton, Angela (Sen.)	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 604 South Watters Road Ste. 100 Allen, TX 75013	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/09/2025	Payee name Williams, Cheryl (Commissioner)	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 2300 Bloomdale Road Ste. 4192 McKinney, TX 75071	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held