

**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) 00016755	2 Total pages filed: 78			
3 COMMITTEE NAME Texas College Of Emergency Physicians PAC		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 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 26164 <input type="checkbox"/> Change of Address Austin, TX 78755						
5 CAMPAIGN TREASURER NAME MS / MRS / MR Mr. Richard	FIRST NICKNAME LAST SUFFIX Robinson					
6 CAMPAIGN TREASURER STREET ADDRESS STREET (Residence or Business) P.O. Box 26164 Austin, TX 78755	STREET ADDRESS (NO PO BOX PLEASE); P.O. Box 26164 Austin, TX 78755	APT / SUITE #;	CITY;	STATE; ZIP CODE		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 26164 Austin, TX 78755					
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 306-0605	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 Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			

GO TO PAGE 2

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

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Texas College Of Emergency Physicians PAC		13 FILER ID (Ethics Commission Filers) 00016755
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)	\$ 22,011.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 383.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 148,560.72
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>Mr. Richard Robinson _____ 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 78

17 COMMITTEE NAME Texas College Of Emergency Physicians PAC	18 FILER ID (Ethics Commission Filers) 00016755
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
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 checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	
7. <input checked="" 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	
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: 1/70 Rpt: 4/78
2 FILER NAME Texas College Of Emergency Physicians PAC			3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Tony 6 Contributor address; City; State; Zip Code Tomball, TX 77375-1994	7 Amount of Contribution (\$) \$100.00	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adesina, Adedoyin Contributor address; City; State; Zip Code Manvel, TX 77578-1641	Amount of Contribution (\$) \$12.50	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adesina, Adedoyin Contributor address; City; State; Zip Code Manvel, TX 77578-1641	Amount of Contribution (\$) \$12.50	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath Contributor address; City; State; Zip Code Houston, TX 77008-1736	Amount of Contribution (\$) \$8.33	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)	
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath Contributor address; City; State; Zip Code Houston, TX 77008-1736	Amount of Contribution (\$) \$8.33	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/70 Rpt: 5/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath 6 Contributor address; City; State; Zip Code Houston, TX 77008-1736	7 Amount of Contribution (\$) \$8.33
	8 Principal occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath Contributor address; City; State; Zip Code Houston, TX 77008-1736	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amro, Moath Contributor address; City; State; Zip Code Houston, TX 77008-1736	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.37
	Principal occupation / Job title (See Instructions) Physician	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/70 Rpt: 6/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis 6 Contributor address; City; State; Zip Code Dallas, TX 75390-7214	7 Amount of Contribution (\$) \$8.33
	8 Principal occupation / Job title (See Instructions) Physician	
9 Employer (See Instructions) Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andino, Aldo Louis Contributor address; City; State; Zip Code Dallas, TX 75390-7214	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anest, Trisha Contributor address; City; State; Zip Code Austin, TX 78733-6311	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/70 Rpt: 7/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auerbach, Andrew J	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78256-4300	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Houston, TX 77071-2015	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Houston, TX 77071-2015	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Houston, TX 77071-2015	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Houston, TX 77071-2015	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/70 Rpt: 8/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M 6 Contributor address; City; State; Zip Code Houston, TX 77071-2015	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averick, Rauvan M Contributor address; City; State; Zip Code Houston, TX 77071-2015	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Dolores Contributor address; City; State; Zip Code Rancho Viejo, TX 78575-9633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baine, Ralph F Contributor address; City; State; Zip Code Fort Worth, TX 76135-1013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, James W Contributor address; City; State; Zip Code Plano, TX 75093-8075	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/70 Rpt: 9/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baskaran, Arti	7 Amount of Contribution (\$) \$0.83
	6 Contributor address; City; State; Zip Code Plano, TX 75024-2913	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baskaran, Arti	Amount of Contribution (\$) \$0.83
	Contributor address; City; State; Zip Code Plano, TX 75024-2913	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baskaran, Arti	Amount of Contribution (\$) \$0.83
	Contributor address; City; State; Zip Code Plano, TX 75024-2913	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baskaran, Arti	Amount of Contribution (\$) \$0.83
	Contributor address; City; State; Zip Code Plano, TX 75024-2913	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baskaran, Arti	Amount of Contribution (\$) \$0.83
	Contributor address; City; State; Zip Code Plano, TX 75024-2913	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/70 Rpt: 10/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baskaran, Arti 6 Contributor address; City; State; Zip Code Plano, TX 75024-2913	7 Amount of Contribution (\$) \$0.87
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batki, Dara Contributor address; City; State; Zip Code San Antonio, TX 78261-1817	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian Contributor address; City; State; Zip Code Coppell, TX 75019-4188	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian Contributor address; City; State; Zip Code Coppell, TX 75019-4188	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian Contributor address; City; State; Zip Code Coppell, TX 75019-4188	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/70 Rpt: 11/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian	7 Amount of Contribution (\$) \$8.33
	6 Contributor address; City; State; Zip Code Coppell, TX 75019-4188	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Coppell, TX 75019-4188	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bednar, Marian	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Coppell, TX 75019-4188	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beeson, Michelle Abrams	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cleburne, TX 76031-7800	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beeson, Michelle Abrams	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cleburne, TX 76031-7800	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/70 Rpt: 12/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beezley, Jon Thomas 6 Contributor address; City; State; Zip Code Grapevine, TX 76051-6460	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Atiba E Contributor address; City; State; Zip Code Katy, TX 77450-8508	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Atiba E Contributor address; City; State; Zip Code Katy, TX 77450-8508	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/70 Rpt: 13/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane	7 Amount of Contribution (\$) \$8.33
	6 Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blankenship, Alan Lane	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Mansfield, TX 76063-3461	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothby, Leslie B	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78258-4532	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/70 Rpt: 14/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borgstedte, Allyson F 6 Contributor address; City; State; Zip Code La Grange, TX 78945-1920	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bower, Kevin R Contributor address; City; State; Zip Code Mansfield, TX 76063-3658	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Richard Neville Contributor address; City; State; Zip Code Pearland, TX 77584-7057	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brand, James R Contributor address; City; State; Zip Code Austin, TX 78704-1471	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briese, Beau A Contributor address; City; State; Zip Code Bellaire, TX 77401-5507	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/70 Rpt: 15/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Zachery 6 Contributor address; City; State; Zip Code San Antonio, TX 78212	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A Contributor address; City; State; Zip Code Cibolo, TX 78108-3343	Amount of Contribution (\$) \$0.83
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A Contributor address; City; State; Zip Code Cibolo, TX 78108-3343	Amount of Contribution (\$) \$0.83
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A Contributor address; City; State; Zip Code Cibolo, TX 78108-3343	Amount of Contribution (\$) \$0.83
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A Contributor address; City; State; Zip Code Cibolo, TX 78108-3343	Amount of Contribution (\$) \$0.83
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/70 Rpt: 16/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A 6 Contributor address; City; State; Zip Code Cibolo, TX 78108-3343	7 Amount of Contribution (\$) \$0.83
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Stephen A Contributor address; City; State; Zip Code Cibolo, TX 78108-3343	Amount of Contribution (\$) \$0.83
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Crystal Contributor address; City; State; Zip Code Houston, TX 77024-6434	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazares, Guillermo Nicolas Contributor address; City; State; Zip Code Lubbock, TX 79423-6178	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervenka, Gregory Matthew Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/70 Rpt: 17/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Chrissy	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Southlake, TX 76092-6037	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Phillip Edward	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Decatur, TX 76234-1085	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Phillip Edward	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Decatur, TX 76234-1085	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiang, Christina C M	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77479-2798	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chou, Shih-Chin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77044-5533	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/70 Rpt: 18/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Gary R	7 Amount of Contribution (\$) \$8.33
	6 Contributor address; City; State; Zip Code Granbury, TX 76049-4463	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Angela Pettit	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Burleson, TX 76028-3661	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke	Amount of Contribution (\$) \$2.08
	Contributor address; City; State; Zip Code Austin, TX 78737-4689	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke	Amount of Contribution (\$) \$2.08
	Contributor address; City; State; Zip Code Austin, TX 78737-4689	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke	Amount of Contribution (\$) \$2.08
	Contributor address; City; State; Zip Code Austin, TX 78737-4689	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/70 Rpt: 19/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke 6 Contributor address; City; State; Zip Code Austin, TX 78737-4689	7 Amount of Contribution (\$) \$2.08
	8 Principal occupation / Job title (See Instructions) Physician	
9 Employer (See Instructions)	Date 11/06/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke Contributor address; City; State; Zip Code Austin, TX 78737-4689	
	Amount of Contribution (\$) \$2.12	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Stephen Brooke Contributor address; City; State; Zip Code Austin, TX 78737-4689	Amount of Contribution (\$) \$2.08
	Principal occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Suzanna Contributor address; City; State; Zip Code Fresno, TX 77545-9541	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Physician	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darkazally, Nahla Contributor address; City; State; Zip Code Fort Worth, TX 76132-3729	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/70 Rpt: 20/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darrigan, David 6 Contributor address; City; State; Zip Code Allen, TX 75013-3366	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T Contributor address; City; State; Zip Code Austin, TX 78735-6244	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T Contributor address; City; State; Zip Code Austin, TX 78735-6244	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T Contributor address; City; State; Zip Code Austin, TX 78735-6244	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T Contributor address; City; State; Zip Code Austin, TX 78735-6244	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/70 Rpt: 21/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T 6 Contributor address; City; State; Zip Code Austin, TX 78735-6244	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWaal, Craig T Contributor address; City; State; Zip Code Austin, TX 78735-6244	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewbre-Hendrick, Hillary Lizanne Contributor address; City; State; Zip Code Amarillo, TX 79124-3717	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewbre-Hendrick, Hillary Lizanne Contributor address; City; State; Zip Code Amarillo, TX 79124-3717	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dhingra, Atul Kumar Contributor address; City; State; Zip Code Houston, TX 77024-6310	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/70 Rpt: 22/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiPasquale, John Timothy	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Longview, TX 75603-9514	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodds, William D	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78739	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Bryan	Amount of Contribution (\$) \$1,200.00
	Contributor address; City; State; Zip Code Boerne, TX 78015	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaves, Robby McClendon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sour Lake, TX 77659-8751	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ejesieme, Nnenna Cynthia	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75209-5224	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/70 Rpt: 23/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ejesieme, Nnenna Cynthia 6 Contributor address; City; State; Zip Code Dallas, TX 75209-5224	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsbecker, Steven Contributor address; City; State; Zip Code Austin, TX 78739-1933	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmick, Robert Harold Contributor address; City; State; Zip Code Austin, TX 78704-7957	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/70 Rpt: 24/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erevelles, Christine R 6 Contributor address; City; State; Zip Code San Antonio, TX 78258-4881	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fasullo, Frank Joseph Contributor address; City; State; Zip Code El Lago, TX 77586-6044	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/70 Rpt: 25/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Jacob M	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78258-2766	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feng, Sing-Yi	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75235-7701	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fink, Walter Allen	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78225	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fite, Diana L	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Magnolia, TX 77355-2224	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleishman, Justin N	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75287-6812	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/70 Rpt: 26/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jonathan R	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Colleyville, TX 76034-7502	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jonathan R	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Colleyville, TX 76034-7502	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Paul A	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78704-4235	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Paul A	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Austin, TX 78704-4235	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Dallas, TX 75214-3119	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/70 Rpt: 27/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3119	7 Amount of Contribution (\$) \$8.33
	8 Principal occupation / Job title (See Instructions) Physician	
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F Contributor address; City; State; Zip Code Dallas, TX 75214-3119	Amount of Contribution (\$) \$8.37
	Principal occupation / Job title (See Instructions) Physician	
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F Contributor address; City; State; Zip Code Dallas, TX 75214-3119	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F Contributor address; City; State; Zip Code Dallas, TX 75214-3119	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagnon, Garry F Contributor address; City; State; Zip Code Dallas, TX 75214-3119	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/70 Rpt: 28/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galatzan, Leigh Stewart 6 Contributor address; City; State; Zip Code Austin, TX 78738-6781	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galatzan, Leigh Stewart Contributor address; City; State; Zip Code Austin, TX 78738-6781	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia Rodriguez, Carlos Contributor address; City; State; Zip Code Coral Gables, FL 33134	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Christopher W Contributor address; City; State; Zip Code Fort Worth, TX 76179-3283	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, John Sigel Contributor address; City; State; Zip Code Dallas, TX 75225-2300	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/70 Rpt: 29/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Marco	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77055-4923	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gest, Albert L	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78405	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gest, Albert L	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78405	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Antonio	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lubbock, TX 79410-1409	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Jessica Renee	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code El Paso, TX 79932-1222	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/70 Rpt: 30/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Michael G	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77008-7058	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Victoria	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77006-1683	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Robert D	Amount of Contribution (\$) \$1,200.00
	Contributor address; City; State; Zip Code Temple, TX 76508-0001	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Sandeep K	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Irving, TX 75063-3357	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannan, Hashibul	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77479-2859	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/70 Rpt: 31/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Robert	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78703-2128	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartman, Randy J	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lorena, TX 76655-3630	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilmi, John O	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308-1323	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Victor S	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77024-5034	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Victor S	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77024-5034	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/70 Rpt: 32/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Justin W 6 Contributor address; City; State; Zip Code Shallowater, TX 79363-3160	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Damien Contributor address; City; State; Zip Code Pearland, TX 77584-2505	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey, Doug Contributor address; City; State; Zip Code Austin, TX 78704-2005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Joffre Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/70 Rpt: 33/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott 6 Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	7 Amount of Contribution (\$) \$8.33
	8 Principal occupation / Job title (See Instructions) Physician	
Date 09/03/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician	
Date 10/08/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katan, Brian Scott Contributor address; City; State; Zip Code Trophy Club, TX 76262-5421	Amount of Contribution (\$) \$8.37
	Principal occupation / Job title (See Instructions) Physician	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Jessica Jewart Contributor address; City; State; Zip Code Southlake, TX 76092-9550	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/70 Rpt: 34/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Alexander J. 6 Contributor address; City; State; Zip Code Carrollton, TX 75007-1002	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirschke, Karl G Contributor address; City; State; Zip Code Dallas, TX 75204-3420	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klingenberg, Chris L Contributor address; City; State; Zip Code Nacogdoches, TX 75965-2415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Heidi C Contributor address; City; State; Zip Code Forney, TX 75126-5825	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Heidi C Contributor address; City; State; Zip Code Forney, TX 75126-5825	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/70 Rpt: 35/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Heidi C 6 Contributor address; City; State; Zip Code Forney, TX 75126-5825	7 Amount of Contribution (\$) \$8.33
	8 Principal occupation / Job title (See Instructions) Physician	
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Heidi C Contributor address; City; State; Zip Code Forney, TX 75126-5825	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Heidi C Contributor address; City; State; Zip Code Forney, TX 75126-5825	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Heidi C Contributor address; City; State; Zip Code Forney, TX 75126-5825	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langan, Christopher J Contributor address; City; State; Zip Code Katy, TX 77493-5008	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/70 Rpt: 36/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeson, Kimberly	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2718	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeson, Kimberly	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2718	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Northlake, TX 76247-1530	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K	Amount of Contribution (\$) \$8.37
	Contributor address; City; State; Zip Code Northlake, TX 76247-1530	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Northlake, TX 76247-1530	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/70 Rpt: 37/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K 6 Contributor address; City; State; Zip Code Northlake, TX 76247-1530	7 Amount of Contribution (\$) \$8.33
	8 Principal occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K Contributor address; City; State; Zip Code Northlake, TX 76247-1530	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Travis K Contributor address; City; State; Zip Code Argyle, TX 76226-4084	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, David T Contributor address; City; State; Zip Code San Antonio, TX 78261-2765	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Physician	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luckey, Thomas John Contributor address; City; State; Zip Code Trinidad, TX 75163-5002	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/70 Rpt: 38/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutz, Robert Frank 6 Contributor address; City; State; Zip Code Keller, TX 76248-3025	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutz, Robert Frank Contributor address; City; State; Zip Code Keller, TX 76248-3025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magoon, Michael R Contributor address; City; State; Zip Code San Antonio, TX 78209-2253	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magoon, Michael R Contributor address; City; State; Zip Code San Antonio, TX 78209-2253	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcantel, Derek L Contributor address; City; State; Zip Code Friendswood, TX 77546-6145	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/70 Rpt: 39/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcantel, Derek L 6 Contributor address; City; State; Zip Code Friendswood, TX 77546-6145	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcucci, John F Contributor address; City; State; Zip Code Dallas, TX 75208-4104	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markides, Danna Michelle Contributor address; City; State; Zip Code Houston, TX 77008-2649	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/70 Rpt: 40/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3559	7 Amount of Contribution (\$) \$8.33
	8 Principal occupation / Job title (See Instructions) Physician	
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Otto J Contributor address; City; State; Zip Code Dallas, TX 75214-3559	Amount of Contribution (\$) \$8.37
	Principal occupation / Job title (See Instructions) Physician	
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Joseph N Contributor address; City; State; Zip Code Dallas, TX 75214-2825	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/70 Rpt: 41/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Mathew T	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77005-1035	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Terence J	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Fort Worth, TX 76114-1256	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Terence J	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Fort Worth, TX 76114-1256	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Terence J	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Fort Worth, TX 76114-1256	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Terence J	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Fort Worth, TX 76114-1256	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/70 Rpt: 42/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Terence J 6 Contributor address; City; State; Zip Code Fort Worth, TX 76114-1256	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Terence J Contributor address; City; State; Zip Code Fort Worth, TX 76114-1256	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/70 Rpt: 43/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian 6 Contributor address; City; State; Zip Code Longview, TX 75601-3567	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendenhall, Brian Contributor address; City; State; Zip Code Longview, TX 75601-3567	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metz, Rachel L Contributor address; City; State; Zip Code San Antonio, TX 78260-6293	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metz, Rachel L Contributor address; City; State; Zip Code San Antonio, TX 78260-6293	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/70 Rpt: 44/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Andrew C 6 Contributor address; City; State; Zip Code Frisco, TX 75036-8172	7 Amount of Contribution (\$) \$8.33
	8 Principal occupation / Job title (See Instructions) Physician	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Andrew C Contributor address; City; State; Zip Code Frisco, TX 75036-8172	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Andrew C Contributor address; City; State; Zip Code Frisco, TX 75036-8172	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Andrew C Contributor address; City; State; Zip Code Frisco, TX 75036-8172	Amount of Contribution (\$) \$8.37
	Principal occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Andrew C Contributor address; City; State; Zip Code Frisco, TX 75036-8172	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/70 Rpt: 45/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Andrew C 6 Contributor address; City; State; Zip Code Frisco, TX 75036-8172	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naganathan, Sonya Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Ryoma Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwaneri, Assumpta Contributor address; City; State; Zip Code Sugar Land, TX 77479-8807	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okoronkwo, Michael Chikwendu Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/70 Rpt: 46/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okoronkwo, Michael Chikwendu 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Rajeev J Contributor address; City; State; Zip Code Plano, TX 75093-3457	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Rajeev J Contributor address; City; State; Zip Code Plano, TX 75093-3457	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Rajeev J Contributor address; City; State; Zip Code Plano, TX 75093-3457	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Rajeev J Contributor address; City; State; Zip Code Plano, TX 75093-3457	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/70 Rpt: 47/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Rajeev J 6 Contributor address; City; State; Zip Code Plano, TX 75093-3457	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Rajeev J Contributor address; City; State; Zip Code Plano, TX 75093-3457	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patlovany, Matthew L Contributor address; City; State; Zip Code San Antonio, TX 78255-2344	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattison, Monta Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pendon, Joseph David Contributor address; City; State; Zip Code San Antonio, TX 78230-2903	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/70 Rpt: 48/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Nick Paul 6 Contributor address; City; State; Zip Code Fairview, TX 75069-1235	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petersen, John Contributor address; City; State; Zip Code Midland, TX 79704-5406	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phariss, Chase Contributor address; City; State; Zip Code Fort Worth, TX 76109-2617	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phariss, Chase Contributor address; City; State; Zip Code Fort Worth, TX 76109-2617	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piard, Hermann Pierre Contributor address; City; State; Zip Code Austin, TX 78702-2674	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/70 Rpt: 49/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnow, Jeffery M 6 Contributor address; City; State; Zip Code Odessa, TX 79765-8006	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnow, Jeffery M Contributor address; City; State; Zip Code Odessa, TX 79765-8006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponder, Melissa D Contributor address; City; State; Zip Code San Antonio, TX 78248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Ginny P Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/70 Rpt: 50/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, George-Thomas M	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78248-1715	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia	Amount of Contribution (\$) \$8.37
	Contributor address; City; State; Zip Code Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/70 Rpt: 51/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia	7 Amount of Contribution (\$) \$8.33
	6 Contributor address; City; State; Zip Code Frisco, TX 75035	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumarejo Gomez, Laura Sofia	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quach, Jessica	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77079	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quarles, Stephanie Renee	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75208-3357	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Mike	Amount of Contribution (\$) \$91.67
	Contributor address; City; State; Zip Code San Antonio, TX 78202-2059	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/70 Rpt: 52/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp, Kadisha B 6 Contributor address; City; State; Zip Code Manvel, TX 77578-2546	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp, Kadisha B Contributor address; City; State; Zip Code Manvel, TX 77578-2546	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp, Kadisha B Contributor address; City; State; Zip Code Manvel, TX 77578-2546	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp, Kadisha B Contributor address; City; State; Zip Code Manvel, TX 77578-2546	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp, Kadisha B Contributor address; City; State; Zip Code Manvel, TX 77578-2546	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/70 Rpt: 53/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp, Kadisha B 6 Contributor address; City; State; Zip Code Manvel, TX 77578-2546	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp, Kadisha B Contributor address; City; State; Zip Code Manvel, TX 77578-2546	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reades, Rosalyn N Contributor address; City; State; Zip Code Dallas, TX 75208-3357	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittger, Kevin D Contributor address; City; State; Zip Code Missouri City, TX 77459-6538	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roach, Cayce J Contributor address; City; State; Zip Code San Antonio, TX 78253-6280	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/70 Rpt: 54/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roach, Cayce J 6 Contributor address; City; State; Zip Code San Antonio, TX 78253-6280	7 Amount of Contribution (\$) \$8.33
	8 Principal occupation / Job title (See Instructions) Physician	
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roach, Cayce J Contributor address; City; State; Zip Code San Antonio, TX 78253-6280	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roach, Cayce J Contributor address; City; State; Zip Code San Antonio, TX 78253-6280	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roach, Cayce J Contributor address; City; State; Zip Code San Antonio, TX 78253-6280	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roach, Cayce J Contributor address; City; State; Zip Code San Antonio, TX 78253-6280	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/70 Rpt: 55/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Allen L 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-4517	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Rick Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robson, Joseph P Contributor address; City; State; Zip Code Austin, TX 78703-2139	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Jada L Contributor address; City; State; Zip Code Montgomery, TX 77356-4738	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Jamie Contributor address; City; State; Zip Code San Antonio, TX 78216-8005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 53/70 Rpt: 56/78
2 FILER NAME Texas College Of Emergency Physicians PAC			3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roppolo, Lynn Palacol 6 Contributor address; City; State; Zip Code Dallas, TX 75229-5359	7 Amount of Contribution (\$) \$50.00	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)	
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Jackie Lee Contributor address; City; State; Zip Code Greenville, TX 75402-2824	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)	
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Jackie Lee Contributor address; City; State; Zip Code Greenville, TX 75402-2824	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)	
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Brett Alan Contributor address; City; State; Zip Code Flower Mound, TX 75028-8271	Amount of Contribution (\$) \$100.00	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)	
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R Contributor address; City; State; Zip Code El Paso, TX 79934-2300	Amount of Contribution (\$) \$8.37	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/70 Rpt: 57/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rucker, Ebony R 6 Contributor address; City; State; Zip Code El Paso, TX 79934-2300	7 Amount of Contribution (\$) \$8.33
	8 Principal occupation / Job title (See Instructions) Physician	
Date 09/03/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician	
Date 10/08/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician	
Date 12/04/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/70 Rpt: 58/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumph, Gregory E 6 Contributor address; City; State; Zip Code Taylor Lake Village, TX 77586-4528	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumph, Gregory E Contributor address; City; State; Zip Code Taylor Lake Village, TX 77586-4528	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J Contributor address; City; State; Zip Code Houston, TX 77005-3130	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J Contributor address; City; State; Zip Code Houston, TX 77005-3130	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J Contributor address; City; State; Zip Code Houston, TX 77005-3130	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/70 Rpt: 59/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J	7 Amount of Contribution (\$) \$8.33
	6 Contributor address; City; State; Zip Code Houston, TX 77005-3130	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabatini, Collin J	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Houston, TX 77005-3130	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Janie P	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Frisco, TX 75034-7253	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Jonathan Allen	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77389-5315	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlesselman, Leroy R	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77043-4718	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/70 Rpt: 60/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schock, Andrew M	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Detroit, MI 48202-2033	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwirtlich, Lonnie R	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418-7505	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Sarah Ibanez	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Dallas, TX 75206-0500	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Dallas, TX 75206-0500	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/70 Rpt: 61/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A 6 Contributor address; City; State; Zip Code Dallas, TX 75206-0500	7 Amount of Contribution (\$) \$8.33
	8 Principal occupation / Job title (See Instructions) Physician	
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A Contributor address; City; State; Zip Code Dallas, TX 75206-0500	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A Contributor address; City; State; Zip Code Dallas, TX 75206-0500	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheena, Douglas A Contributor address; City; State; Zip Code Dallas, TX 75206-0500	Amount of Contribution (\$) \$8.37
	Principal occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheets, H Kyle Contributor address; City; State; Zip Code Lubbock, TX 79401-4732	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/70 Rpt: 62/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soler, Gabriella 6 Contributor address; City; State; Zip Code Dallas, TX 75201-4482	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis-McCarthy, Jessica Contributor address; City; State; Zip Code Boerne, TX 78006-2886	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosa, Sameta Contributor address; City; State; Zip Code Uvalde, TX 78801-3501	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparkman, Mark Kevin Contributor address; City; State; Zip Code New Braunfels, TX 78130-8903	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spohn, Micheal Contributor address; City; State; Zip Code College Station, TX 77845-7107	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/70 Rpt: 63/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B 6 Contributor address; City; State; Zip Code Denison, TX 75020-0775	7 Amount of Contribution (\$) \$8.37
	8 Principal occupation / Job title (See Instructions) Physician	
9 Employer (See Instructions)	Date 08/08/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B Contributor address; City; State; Zip Code Denison, TX 75020-0775	
	Amount of Contribution (\$) \$8.33	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B Contributor address; City; State; Zip Code Denison, TX 75020-0775	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B Contributor address; City; State; Zip Code Denison, TX 75020-0775	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B Contributor address; City; State; Zip Code Denison, TX 75020-0775	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/70 Rpt: 64/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacks, Kevin B 6 Contributor address; City; State; Zip Code Denison, TX 75020-0775	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroh, John James Contributor address; City; State; Zip Code Manvel, TX 77578-4885	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucka, Kristy Renee Contributor address; City; State; Zip Code Dallas, TX 75225-7653	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucka, Kristy Renee Contributor address; City; State; Zip Code Dallas, TX 75225-7653	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/70 Rpt: 65/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Switzer, Ted Wesley 6 Contributor address; City; State; Zip Code San Antonio, TX 78248-1147	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob Contributor address; City; State; Zip Code Houston, TX 77024-7808	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob Contributor address; City; State; Zip Code Houston, TX 77024-7808	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob Contributor address; City; State; Zip Code Houston, TX 77024-7808	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob Contributor address; City; State; Zip Code Houston, TX 77024-7808	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/70 Rpt: 66/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob 6 Contributor address; City; State; Zip Code Houston, TX 77024-7808	7 Amount of Contribution (\$) \$1.67
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jacob Contributor address; City; State; Zip Code Houston, TX 77024-7808	Amount of Contribution (\$) \$1.67
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Ricky A Contributor address; City; State; Zip Code Corpus Christi, TX 78401-1215	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeffrey B Contributor address; City; State; Zip Code Beaumont, TX 77726-2779	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jeffrey B Contributor address; City; State; Zip Code Beaumont, TX 77726-2779	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/70 Rpt: 67/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Shannon N 6 Contributor address; City; State; Zip Code Cibolo, TX 78108-3209	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thoppil, Joby Josekutty Contributor address; City; State; Zip Code Parker, TX 75002-6266	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toppo, Alexander J Contributor address; City; State; Zip Code El Paso, TX 79902-2913	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres Galarza, Francisco Contributor address; City; State; Zip Code Mission, TX 78573-8537	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, MacLong T Contributor address; City; State; Zip Code Richardson, TX 75082-5604	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/70 Rpt: 68/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, MacLong T 6 Contributor address; City; State; Zip Code Richardson, TX 75082-5604	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Theresa Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Ruth Contributor address; City; State; Zip Code College Station, TX 77845-5071	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troutman, Gerad A Contributor address; City; State; Zip Code Lubbock, TX 79423-0897	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vankawala, Hemant H Contributor address; City; State; Zip Code Dallas, TX 75229-5505	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/70 Rpt: 69/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Collin Rey 6 Contributor address; City; State; Zip Code Converse, TX 78109	7 Amount of Contribution (\$) \$8.33
	8 Principal occupation / Job title (See Instructions) Physician	
9 Employer (See Instructions)	8 Principal occupation / Job title (See Instructions) Physician	
	9 Employer (See Instructions)	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Collin Rey Contributor address; City; State; Zip Code Converse, TX 78109	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vigil, Jacob P Contributor address; City; State; Zip Code El Paso, TX 79912-6902	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Physician	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, David Contributor address; City; State; Zip Code Houston, TX 77056-6233	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Physician	
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wapples, Brianna L Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$8.33
	Principal occupation / Job title (See Instructions) Physician	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/70 Rpt: 70/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wapples, Brianna L 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wapples, Brianna L Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wapples, Brianna L Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wapples, Brianna L Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Way, Sarah S Contributor address; City; State; Zip Code Dallas, TX 75229-4247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/70 Rpt: 71/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wentling, Jessica 6 Contributor address; City; State; Zip Code Helotes, TX 78023-4829	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilke, Eric K Contributor address; City; State; Zip Code College Station, TX 77845-4536	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Jeremy S Contributor address; City; State; Zip Code El Paso, TX 79932-3149	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williford, Lisa Contributor address; City; State; Zip Code Mansfield, TX 76063-6157	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wippel, Brittany Marie Contributor address; City; State; Zip Code Houston, TX 77009-6016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/70 Rpt: 72/78
2 FILER NAME Texas College Of Emergency Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wu, Stanley Longjyi 6 Contributor address; City; State; Zip Code Houston, TX 77005-1352	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xu, Ke Tom Contributor address; City; State; Zip Code Lubbock, TX 79424-5508	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ybarra, Richard Joe Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zenarosa, Nestor R Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhao, Justin Contributor address; City; State; Zip Code Dallas, TX 75202-2765	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 70/70 Rpt: 73/78</p>
<p>2 FILER NAME Texas College Of Emergency Physicians PAC</p>		<p>3 Filer ID (Ethics Commission Filers) 00016755</p>
<p>4 Date 11/06/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ziebell, Christopher</p> <p>6 Contributor address; City; State; Zip Code Austin, TX 78731</p>	<p>7 Amount of Contribution (\$) \$100.00</p>
<p>8 Principal occupation / Job title (See Instructions) Physician</p>		<p>9 Employer (See Instructions)</p>
<p>Date 09/03/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie</p> <p>Contributor address; City; State; Zip Code Frisco, TX 75034-8353</p>	<p>Amount of Contribution (\$) \$25.00</p>
<p>Principal occupation / Job title (See Instructions) Physician</p>		<p>Employer (See Instructions)</p>
<p>Date 12/04/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie</p> <p>Contributor address; City; State; Zip Code Frisco, TX 75034-8353</p>	<p>Amount of Contribution (\$) \$25.00</p>
<p>Principal occupation / Job title (See Instructions) Physician</p>		<p>Employer (See Instructions)</p>

**MONETARY SUPPORT FROM CORPORATION OR
LABOR ORGANIZATION****SCHEDULE C3**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 74/78
2 FILER NAME	Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/10/2025	5 Corporation / Labor Organization name American College of Emergency Physicians	6 Amount (\$) 33.79
Date 08/08/2025	Corporation / Labor Organization name American College of Emergency Physicians	Amount (\$) 196.01
Date 09/03/2025	Corporation / Labor Organization name American College of Emergency Physicians	Amount (\$) 38.91
Date 10/08/2025	Corporation / Labor Organization name American College of Emergency Physicians	Amount (\$) 36.79
Date 11/06/2025	Corporation / Labor Organization name American College of Emergency Physicians	Amount (\$) 38.21
Date 12/04/2025	Corporation / Labor Organization name American College of Emergency Physicians	Amount (\$) 22.52
Date 10/29/2025	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 3,515.00

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION****SCHEDULE C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 75/78
2 FILER NAME	Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
4 Date 07/31/2025	5 Corporation / Labor Organization name Texas College of Emergency Physicians	6 Amount (\$) 118.13
Date 08/31/2025	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 09/30/2025	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 10/31/2025	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 11/30/2025	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13
Date 12/31/2025	Corporation / Labor Organization name Texas College of Emergency Physicians	Amount (\$) 118.13

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: 1/3 Rpt: 76/78	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/08/2025	5 Payee name Luckey, Thomas John	
6 Amount (\$) \$8.33	7 Payee address; City; 210 Forehand Road Trinidad, TX 75163-5002	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of contribution received.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/08/2025	Payee name Nwaneri, Assumpta	
Amount (\$) \$100.00	Payee address; City; 2306 Sparrow Branch Court Sugar Land, TX 77479-8807	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of contribution received.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name Payscale	
Amount (\$) \$13.62	Payee address; City; 1438 West Peachtree Street NW Atlanta, GA 30309	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

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: 2/3 Rpt: 77/78	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
4 Date 08/01/2025	5 Payee name Payscale	
6 Amount (\$) \$13.62	7 Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Payscale	
Amount (\$) \$13.62	Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Payscale	
Amount (\$) \$102.90	Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

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: 3/3 Rpt: 78/78	2 FILER NAME Texas College Of Emergency Physicians PAC	3 Filer ID (Ethics Commission Filers) 00016755
4 Date 11/03/2025	5 Payee name Payscale	
6 Amount (\$) \$18.14	7 Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Payscale	
Amount (\$) \$13.62	Payee address; City; State; Zip Code 1438 West Peachtree Street NW Atlanta, GA 30309	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Spohn, Micheal	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 6901 River Place Court College Station, TX 77845-7107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of contribution received.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held