MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00055755

2 Total pages filed: 5

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 03/09/2026

Date Hand-delivered or Date Postmarked:

Receipt # Amount:

Date Processed:

Date Imaged:

3 COMMITTEE NAME
Dallas County Medical Society PAC

4 COMMITTEE ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
DCMS
2611 Fairmount St
Dallas, TX 75201

5 CAMPAIGN TREASURER NAME
MS / MRS / MR | FIRST: Gabriela | MI
NICKNAME | LAST: Uquillas | SUFFIX

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2611 Fairmount St
Dallas, TX 75201

7 CAMPAIGN TREASURER MAILING ADDRESS
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2611 Fairmount St
Dallas, TX 75201

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(214) 413-1426

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

10 MONTHLY REPORT FILING DEADLINE
- [ ] January 5
- [ ] February 5
- [X] March 5
- [ ] April 5
- [ ] May 5
- [ ] June 5
- [ ] July 5
- [ ] August 5
- [ ] September 5
- [ ] October 5
- [ ] November 5
- [ ] December 5

11 PERIOD COVERED
Month Day Year: 01/26/2026 THROUGH Month Day Year: 02/25/2026

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 156.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 35,942.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 AFFIDAVIT

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

Gabriela Uquillas

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

FORM MPAC
COVER SHEET PG 3

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

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	[X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 156.34
2.	[ ] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	[ ] SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[ ] SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
5.	[ ] SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
6.	[ ] SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	$
7.	[ ] SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	$
8.	[ ] SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
9.	[ ] SCHEDULE E: LOANS	$
10.	[ ] SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
11.	[ ] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
12.	[ ] SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
13.	[ ] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
14.	[ ] SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
15.	[ ] SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/5

2 FILER NAME: Dallas County Medical Society PAC

3 Filer ID (Ethics Commission Filers): 00055755

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of Contribution ($)
01/26/2026	Casey M.D., Franklin 6 Contributor address; City; State; Zip Code Dallas, TX 75231-4488	$42.00

8 Principal occupation / Job title (See Instructions): Physician

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/15/2026	Dossett M.D., Lucy Contributor address; City; State; Zip Code Roanoke, TX 76262-0619	$7.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/15/2026	Fuller D.O., Deborah Contributor address; City; State; Zip Code Dallas, TX 75246-1541	$8.34

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/02/2026	Lichliter M.D., Warren Contributor address; City; State; Zip Code Dallas, TX 75246-2042	$50.00

Principal occupation / Job title (See Instructions): Physician

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/15/2026	Patel M.D., Amit Contributor address; City; State; Zip Code Dallas, TX 75219-4301	$7.00

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: 2/2 Rpt: 5/5

2 FILER NAME
Dallas County Medical Society PAC

3 Filer ID (Ethics Commission Filers)
00055755

4 Date
01/28/2026

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Patel M.D., Sneha

6 Contributor address; City; State; Zip Code

Mesquite, TX 75150-6919

7 Amount of Contribution ($)
$42.00

8 Principal occupation / Job title (See Instructions)
Physician

9 Employer (See Instructions)